THE UNIVERSITY OF ALBERTA

TRANSITIONAL SERVICES FOR INDIVIDUALS WHO HAVE A MENTAL HANDICAP: AN ALBERTA PERSPECTIVE

BY

CHERYL CROCKER

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH

IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE

OF MASTER OF EDUCATION

in

Special Education

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

EDMONTON, ALBERTA

SPRING, 1987

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Dear Ms. Crocker:

This letter is in response to your request for permission to use the Office of Special Education and Rehabilitative Services' concept paper "Bridges From School to Working Life" in your Masters thesis. Please feel free to use and cite the document.

I am enclosing a copy of the concept paper. If your thesis is published, I would appreciate receiving a reprint. Thank you for your interest in the education of children and youth with disabilities.

Sincerely,

Madeleine Will
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I am writing to request permission to use Figure 2 in an article written by Andrew S. Halpern, entitled 'Transition: A look at the foundations.' This article was published in Volume 51 - #6, pages 479 - 486, 1985. The figure which I wish to use is Figure 2 with revised transitional model found on page 481.

I have used this particular figure in my recent research to complete my thesis for my master's degree from the University of Alberta, Edmonton, Alberta, Canada. The title of my thesis is 'Transitional services for individuals who have a mental handicap: An Alberta perspective.' The intent of my thesis was to compare the current system of vocational service delivery to those models which are considered to be state of the art.

As I am under some time constraints your prompt attention to this matter would be greatly appreciated.

Thanking you in advance, I remain,

Sincerely,

Cheryl Crocker

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submitted by Cheryl Crocker

in partial fulfilment of the requirements for the degree of Master of Education

in Special Education.

(Supervisor)

Linda McDonald

Date: January 7, 1987

ABSTRACT

The delivery of services in Alberta to individuals who have a mental handicap first received attention in 1972 with the development of Services for the Handicapped, a branch of Alberta Social Services. A continuum of services model was adopted by the department for the provision of adult vocational training programs. That same model of service delivery is still the basis of service delivery and funding allocation today.

Responsibility for the vocational training of adults who have a mental handicap is now the joint responsibility of three provincial departments: Alberta Social Services, Advanced Education, and Manpower. Rather than become involved in the actual delivery of services to individuals it has been the approach of all three departments to fund private agencies to provide vocational training and support services to individuals who have a mental handicap.

The field of rehabilitation, particularly in the area of training and employment options for individuals who have a mental handicap, has gone through dramatic changes in the past five years. Research and demonstration projects, largely in the United States, have identified repeatedly the ability of individuals with very severe handicaps to enter the work force. The issue has become not whether individuals can work but rather how much support is required to allow the person to maintain a productive and meaningful job.

The U.S. government has committed manpower and resources, through the Office of Special Education and Rehabilitative Services (OSERS), to assist in the development of appropriate alternatives for individuals who have a mental handicap. OSERS has developed a model which identifies employment as the outcome of services to individuals who have a mental handicap. The OSERS model has recently been expanded by others to include outcomes other than employment.

Despite the availability of alternate models, Alberta has not reviewed or revised the continuum of services model of vocational training. The inability of the current model of vocational service delivery to meet the needs of individuals in that system is documented by reviewing the experiences of individuals who are currently receiving vocational training services and support from an agency funded by one of the three responsible government departments.

ACKNOWLEDGEMENT

I want to thank a number of people for their support in my efforts to complete my graduate studies:

To my husband, Wayne, for his love and continual encouragement;

To my children, Chris, Phillip and Erin, for being patient during those long periods of studying and writing;

To my colleagues at Grant MacEwan Community College for their ongoing support;

To all my friends who encouraged me throughout the entire process; and

To my parents and grandparents who told me a long time ago to "do whatever you want to do, but whatever it is, do it well."

I especially want to thank the members of my committee; Dr. Gerry Kysela for being a good friend as well as an advisor, Dr. Linda McDonald for being a friend and a "sounding board" and Dr. Collett who agreed to assist even though very busy in his own department.

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CHAPTER ONE
INTRODUCTION

The transition of young adults with disabilities from school to work and adult life has become a prominent concern of federal and provincial governments, parents, advocates, and service providers (McDonnell, 1986). Attention to transition and efforts to facilitate adjustment of individuals with disabilities to the community has included a wide array of initiatives to enhance planning and service delivery. Despite these efforts, however, the successful transition of young adults with disabilities to the community remains a complex and unresolved problem.

Although a number of definitions of transition have been developed (Wehman, 1984; Bellamy, 1983; Brown, 1979), the definition offered by the U.S. Office of Special Education and Rehabilitative Services (OSERS) includes most of the components which appear to influence the ability to successfully adjust to community life. Critical transition points occur throughout each individual's lifespan, but for purposes of this thesis, the OSERS definition of transition will be used. Transition is defined by OSERS as a period that includes high school, the point of graduation, additional post secondary education or adult services, and the initial years of employment. Transition is a bridge between the security offered by school and the opportunities and risks of adult life. The transition from school to work and adult life requires sound preparation in secondary school, adequate support at the point of school leaving, and

secure opportunities and services, if needed, in adult situations (Will, 1984).

Transitions are an important and ongoing part of life. Adults are asked to make important choices about career options, living arrangements, social life, and economic goals, all of which may have life long consequences. For individuals with disabilities, these transitions are often made more difficult by limitations that can be imposed by others' perceptions of disability and by the complex array of services that are intended to assist adult adjustment.

Transition to adulthood for individuals with disabilities is often a difficult process. A variety of supports may be required to assist the individual in some functional areas of living. Eight areas have been suggested in which individuals who have disabilities may require assistance from family or other primary caregivers (Turnbull, Brotherson, Summers, 1983). These eight areas include: economic needs, physical needs, leisure/recreational needs, socialization needs, self identify/determination needs, affection/companionship needs, educational needs and vocational needs. Families often must decide whetherandtowhom, they willtransfer responsibility for support in any one or all of these need areas.

Vocational services are designed for three reasons: 1) to prepare adults for work; 2) to assist adults in securing positions in the labour force; and 3) to support adults in successfully maintaining these positions (Pomerantz, 1986). Work serves a number of important

functions. Among the most important of these are: self-sufficiency/economic considerations (Berkowitz, Rubin, Worral, 1977), community acceptance (Gold, 1975) and enhanced self perception (Bandura, 1982). The issue in providing meaningful work for individuals who are handicapped is no longer whether complex tasks can be learned and individuals be productive, but rather whether individuals can be maintained and supported in actual long term employment positions (Bellamy, O'Connor, and Karan, 1979; Bellamy, Sheehan, Horner and Boles, 1981; Hill, 1982). Criteria for vocational services, consequently, should be twofold: 1) the entrance of clients into satisfactory renumerative jobs which are maintained over a long period of time, and 2) direct intervention with all parties concerned in a variety of settings (Pomerantz, 1986).

Recent literature describing 'state of the art' services is clear on what should be available for people with handicaps (Kiernan and Stark, 1986). The literature identifies the necessity of individuals who have handicaps to have access to the same opportunities with support as needed to live and work as anyone else. And, as a person with handicaps has multifaceted needs like anyone else, the services made available to them should reflect this.

The Alberta provincial government (Alberta Social Services and Community Health Source File, 1983) recognized that services appropriate to meet the needs of individuals making the transition to adulthood must be provided and consequently developed the following philosophy statement:

> Given that learning to work and live independently in the community requires more than simply the acquisition of vocational skills, a comprehensive approach must be taken to the provision of these services. Otherwise, vocational services will probably meet only some of the handicapped person's needs.
> Vocational services should use a comprehensive approach to meet the full range of different vocational needs of handicapped persons to ensure the availability of programs appropriate to all levels of ability and all degrees of individual need. This range of need includes early work opportunities in the home, such as doing typical chores. This need can be met through programs which help parents to recognize this need and to discover ways in which their range includes programs which recognize a handicapped person's need for reasonable choice and the potential need for re-training programs. (p. 5)

People with handicaps need access to a variety of vocational services which will prepare them for work and eventually a normal worklife. This range of services might consist of job search skills, such as recruitment and selection; job preparation skills including pre-vocational training, vocational exploration, vocational skill training, work adjustment training, personal adjustment training; and job retention services such as placement, job stabilization, and retraining (Alberta Social Services and Community Health Source File, 1983).

Although it appears that a number of options exist in Alberta for people who have handicaps, it becomes obvious in surveying those services that a number of deficiencies are also present (Falvey, 1985). These have been outlined as follows:

1. lack of delineated community-based options within training and employment options;
2. lack of clearly defined job placement services to

support graduates of vocational services;

3. lack of recognized sheltered employment options;
4. minimal categories of services and restricted movement within categories; and
5. categories of services which too easily translate into segregated facility based training.

It appears that most of the allocated resources go to the more socially and physically restrictive settings. Funds go first to provide adult day care, activity centres, and sheltered workshops. There has been a reliance on segregated day training programs, many of which are not vocationally oriented. Very few resources are then left to support more integrated, vocational training and employment options. The result has been limited efforts to help persons move out of segregated settings into more socially and physically integrated options.

The Ohio Developmental Disabilities Planning Council, in a 1983 report (Future Directions in Adult Services), offered the following suggestions in planning for future adult services:

> Too often, it appears, the provision of vocational services has become an end in itself. Further, it would seem that only when a compromise has been found between the sometimes conflicting goals of providing training, sheltered employment and activity, will as many handicapped persons as possible be placed in a community employment. But in order to resolve this conflict, there must be an agreement on what the overriding purpose should be of vocational training. Teaching work skills has traditionally been seen as the prime objective of vocational programs for handicapped persons. No one can deny that handicapped persons have a need for work skills if they are going to seek community employment. But it is equally true that work skills by themselves cannot ensure a successful

transition into the community.

> Instead of only teaching work skills, vocational training programs should prepare handicapped people to deal with the complex living and work environments and the transition into them. More than just specific work skills are needed for success in meeting these demands placed on individuals making the transition into the community. (p.7)

Recognizing that transition is a difficult process, it may be appropriate to redefine rehabilitation so that all activity which results in achievement in the full spectrum of human needs is included. Work should be viewed as only one of these needs. By promoting new definitions of vocational rehabilitation, the prevailing attitude that work, or more precisely that gainful employment is the only and major goal of the rehabilitation process would be overcome. Our vision of individuals who have handicaps would be expanded and our goals in relation to their total needs would be met. More energy would be devoted towards educating the community-at-large, to make room for persons who have handicaps in the social as well as the economic sector (Ohio Developmental Disabilities Council, 1983).

For individuals who are handicapped, education in the schools and education on the job are seen as valuable in facilitating transition into the world of work and adulthood. Transition from school into employment requires that certain habits, skills, ideas, and strategies be utilized. Three factors may contribute to difficulties in vocational adjustment:

1. societal attitudes and misconceptions regarding mental handicaps may interfere with securing a job or cause

the person to be viewed in an unfavorable light while attempting to secure and/or perform a particular job;

2. individual preference may influence job success or failure in that longevity in the job position will depend on whether the person likes the job; and/or

3. vocational preparation will assist or hinder the individual in developing necessary skills for good vocational adjustment (duRand and Neufeldt, 1980).

Given that one of the mandates of secondary special education is to facilitate the transition of adolescents into adulthood, it is appropriate to be concerned with the systems which have been developed to support the vocational preparation of those individuals served. It is the contention of this thesis that the supports which should be in place (academic, social, emotional, family, fiscal) are not necessarily available to all individuals. Further, the supports which are currently available are not always adequate to allow individuals to make that difficult transition from secondary school to adulthood.

This fact becomes increasingly apparent when looking at the numbers of individuals leaving the school system unable to find employment. The U.S.Commission on Civil Rights (1983) recently suggested that 50 - 75 % of adult handicapped workers are unemployed. Statistics on movement within existing vocational day programs are equally pessimistic. In 1983, both California and New Jersey reported little movement to higher levels of training: 2.7% and 3.5 % respectively. Although little information on movement within

training programs in Alberta is available, Alberta Social Services and Community Day Programs statistics indicated a "graduation" rate of between 2.5 % and 5 % in 1985. Given this information, it is important to look at transitional services available to young adults in Alberta who are handicapped in Alberta in an attempt to delineate not only what is available, but what is easily accessible to consumers. Equally critical may be the identification of alternative services which may better serve the needs of Albertans who are handicapped.

The present research will attempt to describe transitional models developed in the U.S., identify transitional vocational services available to Albertans who are mentally handicapped, determine the extent to which services are being utilized, examine how successful individuals have been in transitioning from training to employment, and identify those characteristics of services which are viewed as important to consumers, parents and guardians.

CHAPTER TWO
LITERATURE REVIEW
TRANSITIONAL MODELS

Since moving from school to adulthood is such a critical transition point, it is important to look at the specific services which are available to young Albertans who have a mental handicap. It is also appropriate to look at the corresponding transitional models in the United States in an effort to compare and contrast the available services. Finally, it is necessary to identify models of transitional support services which are viewed as being exemplary by professionals in the rehabilitation field, parents and consumers.

The need for a comprehensive and continuous range of services for individuals who are handicapped is generally accepted and well documented. The Alberta Association for the Mentally Handicapped (Directions for 1984-85), the Government of Alberta in a Task Force report (Klufas Report, 1983), and an Alberta Social Services and Community Health Department report (Source File,1983), speak extensively of services and programs which are needed and should be available to Albertans who have a mental handicap. The accepted literature, including public policy statements, is abundant in its statement of these needs. However, there is a divergence of opinion regarding the extent of service required to ensure each individual's rights and opportunities, and on the nature of the commitment to provide these services. Consequently, the delivery of services to the handicapped in Alberta and perhaps throughout North America

has been inconsistent.

Historically, services in Alberta have been developed in reaction to an immediate specifically defined need. At no time has the development of services for individuals who have mental handicaps been proactive (Rudrud, E., Ziarnik, J., Bernstein, G., & Ferrara, J., 1984) and as a result of planning for the long term needs of individuals.

The first movement of Michener Center residents to community living alternatives began in 1972. That movement necessitated, as well, the development of day programs which were mandated to provide education and training services to those same individuals. The province of Alberta, recognizing the depopulation of Michener Center as a priority, allocated approximately one million dollars for the development of services for people with handicaps. That unprecedented allocation of money has been steadily increasing and is currently at approximately $375 million (1985-86 estimate). The budget allocation for services is outlined in Table 1. It is clear in analyzing the dollars allocated in each of the Vote 6 and Vote 7 budgets that the money allocated for vocational rehabilitation and services for the handicapped is for traditional day programs and residential services. Vote 2 and Vote 3 allocations are directed to more community based- job training sites, although a further look at criteria to access such options specifically exclude all but the most mildly mentally handicapped.

INSERT TABLE 1 ABOUT HERE

Responsibility for the education and training of individuals who are handicapped is now shared by four provincial government departments: Advanced Education, Alberta Social Services and Community Health (ASSCH), Alberta Manpower, and Alberta Education. The provision of vocational training services to adults is accomplished largely through private independent operators, receiving funding for categorical 'types' of services from Advanced Education, Alberta Social Services and Community Health, or Alberta Manpower. Because the number of operators is large, discussion will be limited to outlining the types/categories of services funded by each of the above-mentioned departments. In addition, the federal government, through some cost-share options available to the provincial government, contributes to the availability of vocational services to adults. Those programs will be outlined as well.

Provincial Government Model

Alberta Social Services (formerly Alberta Social Services and Community Health)

This department (ASSCH) has chosen to develop a range or continuum of services for adults who are handicapped, a continuum which should allow individuals to move from lesser to greater independence.

TABLE 1

1985 Government of Alberta Estimates - Summaries by Elements

Alberta Social Services and Community Health

VOTE 6 - VOCATIONAL REHABILITATION SERVICES[1]

Summary by Element

Ref. No.	Element Title	1985-86 Estimates	Change from comparable Estimates	Comparable 1984-85 Estimates
6.1	PROGRAM DEVELOPMENT AND SUPPORT			
6.1.1	Rehabilitation	739,038	39.1	531,300
	Total Sub-Program	739,038	39.1	531,300
6.2	REGIONAL SERVICE DELIVERY			
6.2.1	Employment Opportunities	2,636,511	8.2	2,436,650
6.2.1	Vocational	100,572	(52.2)	210,640
	Total Sub-Program	2,737,083	3.4	2,647,290
6.3	PURCHASED SERVICES AND AGENCY GRANTS			
6.3.1	Activity Centre Program	7,520,987	15.9	6,487,260
6.3.2	Vocational Training Centre	3,503,200	(10.7)	3,924,270
6.3.3	Vocational Rehabilitation Agencies	1,916,536	(0.1)	1,918,370
6.3.4	Work Activity Programs	560,618	24.0	452,060
6.3.5	Vocational Counselling & Placement Services	356,764	(12.4)	407,110
6.3.6	Research and Demonstration Program	3,859,399	(2.4)	3,954,450
	Total Sub-Program	17,717,504	3.3	17,143,520
	TOTAL VOTE 6	21,193,625	4.3	21,322,110

[1] Services purchased from private community services providers

VOTE 7 - SERVICES FOR THE HANDICAPPED[2]

SUMMARY BY ELEMENT

Ref. No.	Element Title	1985-86 Estimates	Change from comparable Estimates	Comparable 1984-85 Estimates
7.1	PROGRAM DEVELOPMENT AND SUPPORT			
7.1.1	Appeal & Advisory Secretariat	760,867	7.9	705,200
7.1.2	Residential	463,200	(42.7)	808,240
	Total Sub-program	1,224,067	(19.1)	1,513,440
7.2	REGIONAL SERVICE DELIVERY			
7.2.1	Community Service Workers	2,789,220	17.9	2,366,292
	Total Sub-program	2,789,220	17.9	2,366,292
7.3	PURCHASED SERVICES AND AGENCY GRANTS			
7.3.1	Community Residences	29,776,877	6.6	27,932,250
7.3.2	Day Training and Preschool Program	215,000	-	215,000
7.3.3	Other Rehab. Agencies	3,513,931	119.5	1,600,580
	Total Sub-program	33,505,808	12.6	29,747,830
7.4	RESIDENCE AND TREATMENT INSTITUTIONS			
7.4.1	Michener Centre Red Deer	55,294,111	0.6	54,974,190
7.4.2	Baker Centre Calgary	8,206,824	0.9	8,132,140
7.4.3	Eric Cormack Edmonton	4,694,318	4.7	4,484,150
7.4.4	Wetaskiwin Centre	1,270,408	(36.7)	2,006,490
7.4.5	Community Behavioral Services	1,817,991	(5.4)	1,921,040
7.4.6	Resources for the Dependent Handicapped	6,276,370	7.8	5,821,050
7.4.7	Group Homes for Handicapped	215,268	(21.3)	273,490
7.4.8	Rosecrest Home	1,653,043	1.9	1,622,840
	Total Sub-program	79,428,333	0.2	79,235,390
	TOTAL VOTE 7	116,947,428	3.6	112,862,952

[2] Residential and institutional services

VOTE 2-MANPOWER DEVELOPMENT AND TRAINING ASSISTANCE[3]

Summary by Element

Ref. No.	Element Title	1985-86 Estimates	Change from comparable Estimates	Comparable 1984-85 Estimates
2.1	MANPOWER DEVELOPMENT			
2.1.1	Employment Development	2,498,641	2.4	2,439,223
2.1.2	Apprenticeship	7,714,431	0.4	7,687,402
2.1.3	Career Dev.	11,281,064	38.4	8,149,669
2.1.4	Special Purpose Grants	3,320,000	39.5	2,380,000
	Total Sub-program	24,814,136	20.6	20,656,294
2.2	TRAINING ASSISTANCE			
2.2.1	Vocational Training	8,867,255	29.1	6,867,255
2.2.2	Rehabilitation	3,076,872	(0.4)	3,090,505
	Total Sub-program	11,944,127	19.9	9,957,760
2.3	MANPOWER TRAINING			
2.3.1	Vocational training	4,470,738	0.2	4,461,808
2.3.2	Private Apprenticeship Training	100,000	-	100,000
2.3.3	Cost Shared Programs	7,253,102	224.5	2,235,164
	Total Sub-program	11,823,840	74.0	6,796,972
	TOTAL VOTE 2	48,582,103	29.9	37,411,026

VOTE 3 - SPECIAL EMPLOYMENT PROGRAMS

SUMMARY BY ELEMENT

Ref. No.	Element Title	1985-86 Estimates	Change from comparable Estimates	Comparable 1984-85 Estimates
	(No Sub-program Breakdown)			
3.0.1	Special Employment Programs	131,942,00	234.0	39,500,000
3.0.2	Program Support	3,582,306	249.5	1,025,000
	Total Vote 3	135,524,306	234.4	40,525,000
	AMOUNT TO BE VOTED	189,822,655	129.6	82,692,512

[3] Manpower and provincial-federal cost share services.

All of us move along a continuum in our efforts to pursue an occupation or vocation. And for all of us, the same basic premises apply to our progress:

- o we move from dependence to independence;
- o we each experience different, personal developments along the way, in addition to the experiences which we have in common; and
- o we each move along our continua at our own pace.

Training and employment are two main components of personal development continua. They are not mutually exclusive of each other; training eventually leads to employment, and employment can be training for other employment or it can lead back to formal training. Steps along each continuum, however, may be mutually exclusive.

For a person with a handicap, a great degree of assistance may be required. It must be understood, however, that, although a handicap may affect progress, direction should not be affected.

That is:

- o a person with a handicap should not be restricted to a particular level of training or employment;
- o a person who is handicapped has the same opportunity as anyone else to maximize their level of independence; each and any level of training must be made available; and
- o the assistance delivered to a person with a

handicap recognizes additional factors in an individual's life, e.g. family, friends, recreation, education, which may affect that individual's learning.

An individual may need to access all parts of a service system as he/she moves along the training or employment continuum; or he/she may only need to access some of the systems components. In any event, assistance and guidance may be necessary for the individual to properly access the services and thereby effectively enter employment. Furthermore, given the complex network of both personal and vocational service needs, effective coordination of these services is necessary.

Training continuum. Five steps are recognized and funded in the training continuum. These funded services are outlined by ASSCH Source File (1983).

INSERT FIGURE 1 ABOUT HERE

Developmental Activity Programs.

The objective of the Development Activity Program is to help each severely disabled participant in his/her development towards achieving optimal independence. In the context of the program, this involves:

a) promoting the development of the physical, motor, cognitive and communication skills of each individual, thereby enabling participation in a more varied and stimula-

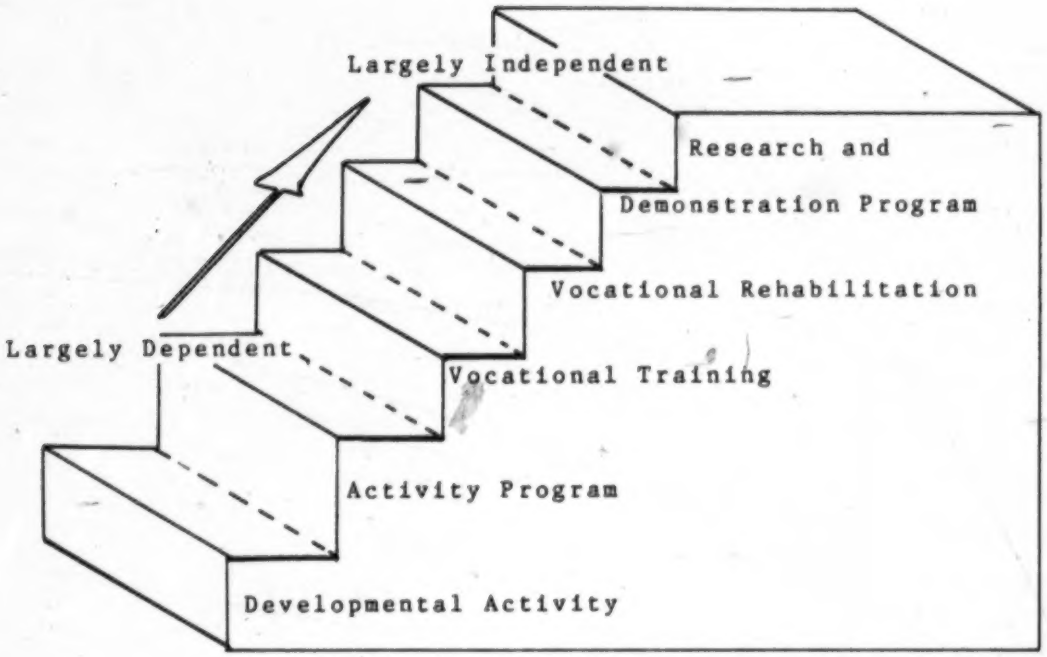

FIGURE 1. TRAINING CONTINUUM, ASSCH, 1983.

ting range of social, vocational, leisure, and recreational activities.

b) provision of comprehensive teaching programs focusing on personal adjustment skills (self-maintenance), social acceptability, interpersonal skills (communication), and if appropriate, introductory work adjustment skills.

NOTE: These spaces are limited and available to only a few government operators.

Activity Programs.

An individual would be eligible to move onto this next step in the continuum when:

a) the individual is assessed as having progressed sufficiently to meet the entrance criteria for an Activity Program; or

b) the individual is assessed as having maximally benefitted from the Development Activity Program and should move to a Social Maintenance Program (this program is still in the draft policy stage within ASSCH).

The Activity Program will:

c) focus primarily on pre-vocational skills, such as age appropriate training in motor skills, daily living skills including communication, personal awareness, grooming, social interaction and community awareness as well as basic work training and related habits; and

d) support the development of suitable skills to enable individuals to take advantage of further appropriate vocational opportunities. Duration of individual participation in this program is subject to the rate of the person's

progress, and is not subject to strict time limits.

Vocational Training Programs.

The Vocational Training Program strives to facilitate the progressive development of work skills and positive work habits, to ensure individuals use their maximum ability to further training or employment.

In order to ensure skill acquisition the program will:

a) provide an initial assessment of work habits and work skills to ensure the appropriateness of the program;

b) assess individual performance on a regular basis in order to maintain relevant individual program plans for each person;

c) focus primarily on skill training, work adjustment training and personal adjustment training;

d) provide a training environment based on an industrial model; and

e) arrange for placement of individuals in more advanced training programs or employment when exit criteria are reached. Graduation to an advanced training program or employment is subject to the rate of an individual's progress.

Vocational Rehabilitation Program.

A Vocational Rehabilitation Program strives to assess in a comprehensive fashion the level to which work skills and positive work habits have been developed, and to facilitate any improvement necessary to meet the requirements for competitive employment.

In order to ensure that skill requirements are identified and appropriately developed, the program will:

a) provide a comprehensive initial assessment of the individual's vocational potential, social adjustment, and employment skills, by using a variety of methodologies and standardized assessment techniques to ensure the appropriateness of the program;

b) assess individual performance on a regular basis in order to maintain relevant individual program plans for each person;

c) provide a training environment based on an industrial model;

d) focus primarily on skill training and work adjustment training to ensure employability; and

e) provide placement and follow-up services necessary to obtain and maintain employment.

Individuals attend a Vocational Rehabilitation Program for up to twelve months.

Research and Demonstration Programs.

A Research and Demonstration Program focuses on individual development in the same manner as an activity program, a vocational training program and a vocational rehabilitation program. It also contributes to the expansion of knowledge in the field through research activity.

In order to promote enhanced competencies, ensure skill requirements are identified and developed, and contribute to the level of knowledge on training, the program will:

a) provide an appropriate initial assessment which may include social skills, developmental skills, work habits,

and work skills to ensure the appropriateness of the program;

b) assess individual performance on a regular basis in order to maintain relevant individual program plans for each person;

c) focus on training appropriate for the functioning level of the individual;

d) provide a training environment based on the industrial model;

e) provide placement and follow-up services necessary to obtain and maintain employment; and

f) develop and conduct research projects likely to contribute to the available knowledge on vocational services.

Duration of individual participation in this program varies in accordance with each component. There is no definitive staff/trainee ratio for a research and demonstration program.

Employment continuum. Although not formally recognized by the provincial government, there are five levels or steps which are informally referred to in discussions of employment options for individuals following the successful completion of training. Those steps are defined by DuRand and Neufeldt (1975) on a continuum similar to the training options discussed previously and are presented in Figure 2.

INSERT FIGURE 2 ABOUT HERE

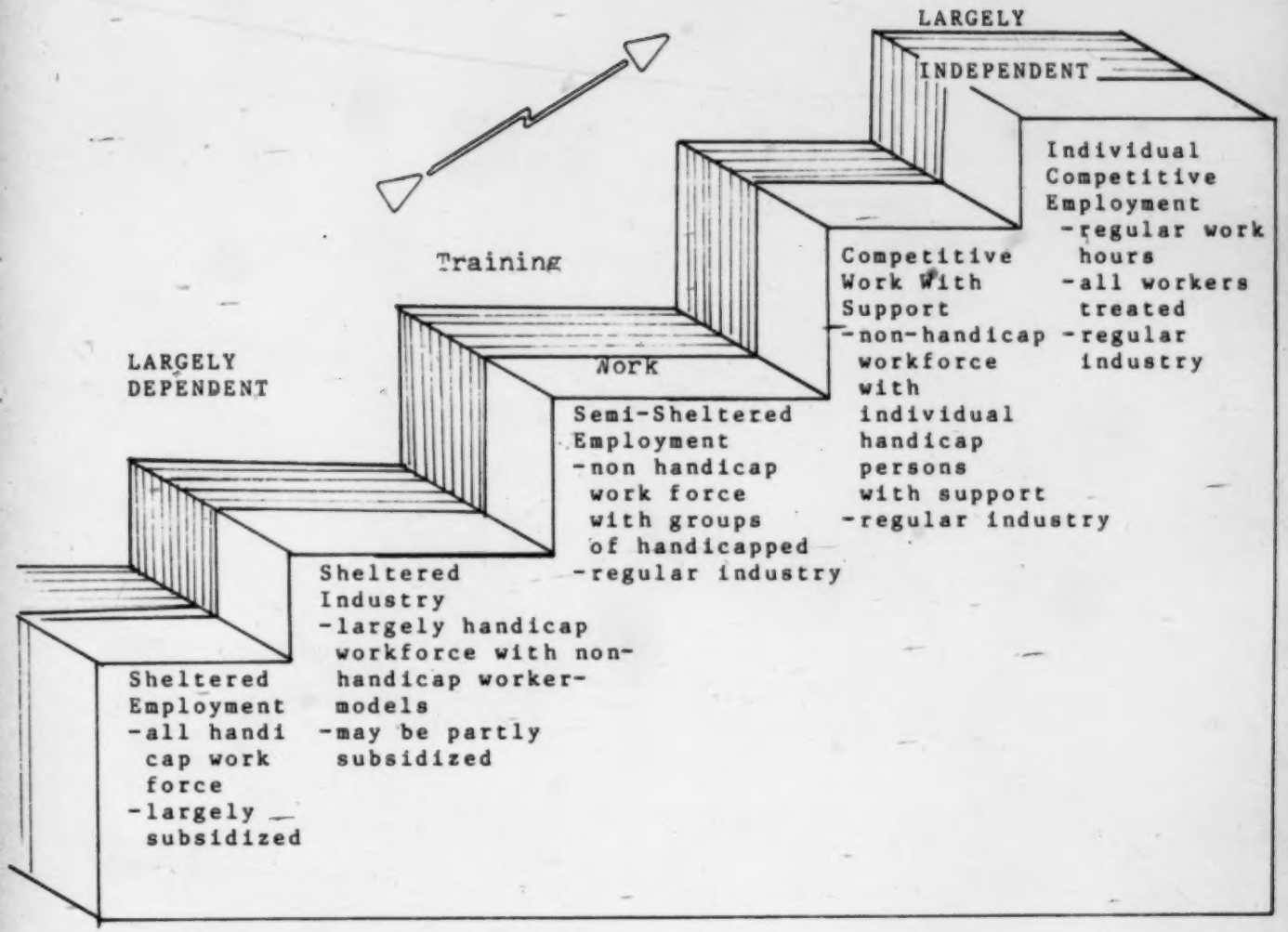

FIGURE 2. EMPLOYMENT CONTINUUM (DURAND AND NEUFELDT, 1975).

Sheltered Employment

An employment service with a controlled environment, subsidized because of relatively low worker performance capacity. Pay for work to individuals should be performance based, but will likely need to be subsidized. The work is meaningful, and provided in a normal work environment with appropriate equipment, so that an individual can perform at an optimum level.

Sheltered Industry

An industry which is operated to provide sheltered employment, but is cost-benefit production oriented. Workers could anticipate minimum wage pay or better, depending on performance. The composition of the work force might range from one which involved primarily handicapped persons with small work groups on non-handicapped worker-models to one in which one-half to two-thirds of the work force is non-handicapped.

Semi-Sheltered Employment

An option in which a small group of handicapped persons work in a regular industry. These workers would be paid on a performance based scale and should be expected to support themselves as any other employee of that industry. The difference between this step and sheltered industry is that in most sheltered industries a relatively small number of non-handicapped workers would work as a group within a work force that is primarily handicapped, while in this instance the reverse holds.

Competitive Work with Support

A worker who is handicapped is placed into regular settings in normal industry, with a counsellor maintaining regular contact to make certain that proper job stabilization takes place. Properly developed the training-on-the-job (TOJ) program and others like it could fit this step.

Individual Competitive-Employment and Self-Employment

The ultimate step in the employment continuums is an individual person working in a regular job with no more continuing support than any worker typically receives; or, an individual is hired on an individual contract basis (a homemaker service would be an example of the latter).

Although the above defined employment continuum is discussed in a number of forms, it must be stressed that none of the options except individual competitive employment is currently recognized by ASSCH. This fact obviously leaves a substantial gap in the employment continuum. Individuals who are not able to secure and maintain a competitive employment position are often forced to stay in one of the existing training options for an indeterminate length of time (Bellamy, 1983). The training options which are in place in Alberta for individuals who have a mental handicap are limited to five types of programs. Although designed to operate on a 'flow through' basis, few individuals actually move from one level of training to another and to competitive employment, which is the only outcome recognized by ASSCH.

In an effort to increase the number of options

available to individuals who have a mental handicap, Advanced Education became involved in 1979 in funding programs in four community colleges

Advanced Education

In 1979, the then Department of Advanced Education and Manpower(now Advanced Education), announced a five year project to demonstrate the feasibility of using post-secondary transitional/vocational programs to assist individuals who are mildly handicapped to acquire the vocational and social skills necessary to make a successful transition from school programs to adulthood and working life. Special funding of approximately one million dollars was allocated for the period of time between September 1979 and March 1985.

Eight provincially funded programs are currently in operation within community colleges across Alberta. Although guidelines exist within the Department, a degree of flexibility remains with the hosting college. In general, the following skill areas are being offered to persons with handicaps: vocational skills training, living skills, academic upgrading, interpersonal skills, job placement and stabilization.

Eight institutions house the transitional/vocational programs.

Lethbridge Community College - Transitional Training.

Curriculum includes: daily living skills, personal/social skill development, vocational preparation, and job exploration.

Alberta Vocational Centres (Edmonton) - Employment Skills Program for EMH Adults. Curriculum includes: pre-employment skills, communication skills, independent living skills, and work experience.

Red Deer College - Vocational Training for the Handicapped. Curriculum includes: work adjustment training, job skill training, and daily living skills.

Medicine Hat College - Basic Job Readiness. Curriculum includes: work experience, career development, and basic academic skills.

Grande Prairie Regional College - Work Readiness for the Mentally Handicapped. Curriculum includes: job related skills and social aspects of work.

Mount Royal College (Calgary) - Vocational Development Program. Curriculum includes: vocational academic upgrading, vocational experience, and work experience.

Olds College - Expanded Opportunities Program. Curriculum includes: skills training: greenhouse, grounds keeping, carpentry, caretaking, farm work, living skills, social skills, work attitude, employment search techniques and vocational academics.

Lakeland College (Vermillion) - Transitional Training. Curriculum includes: vocational skills.

It should be noted that the entrance requirements for the majority of the community college programs exclude all but those individuals who are identified as being mildly developmentally disabled (IQ 50-75, +/- 5), as measured by a

psychoeducational assessment. As well, the number of spaces available in the community college programs is limited, ranging from 10-35, depending upon the program. The total number of spaces funded in the eight community colleges is 152 per year.

Alberta Manpower

Alberta Manpower provides a support service to persons with handicaps through special employment programs and the Alberta Career Centres. The Career Centres in Alberta provide guidance and counselling to people planning for education and work. They also provide advice and assistance on financing available for clients in the form of vocational rehabilitation for disable persons (VRDP) allowance.

Federal Government Model

There are two major federal-provincial cost-share programs (50% federal, 50% provincial) as well as one auxiliary program that contribute to vocational service programs for the handicapped in each province. Although not directed solely at persons with a handicap, they are directed at persons who are disadvantaged by virtue of their unemployment and/or inability to secure employment. Persons with a handicap may be employed through these programs and/or they may be beneficiaries by virtue of the projects to which the program is directed.

Canada Assistance Plan (CAP)

The "mother" program of social assistance in Canada, through cost-share of provincial social assistance programs, it strives to provide services which would help people

retain or achieve independence and to improve the standard of public welfare.

Vocational Rehabilitation of Disabled Persons (VRDP)

This provides financial support for training to people with handicaps, and is administered by Alberta Manpower. The federal government leaves delivery of most of the vocational service programs to the provincial government. An evaluation of VRDP assessments is currently underway, to determine the applicability and effectiveness of VRDP client placement.

Special Programs

Four basic federal programs are currently funded as vocational projects for the unemployed and disadvantaged.

Job corp. The program provides job opportunities for persons with learning and skill handicaps,using a combination of training and employment.

Career access. A follow-up program to initial training through Job Corps which is oriented to alleviating the difficulties of persons with poor employment skills and therefore are unable to secure long-term work. Job Corps and Career Access have people with handicaps as a major target group.

Local employment assistance and developmental program (LEAD). A job creation program which requires local community LEAD corporations to be developed to run LEAD projects, which are oriented to economic development the community deems to be a priority. New employment must be a major result of the project.

Job strategies (formerly Canada Works). Another job creation program for unemployed persons which is similar to LEAD projects (no corporation is required). At least three full-time jobs must be created for the unemployed and the project should focus on community capital works. The program now focuses on training individuals in addition to job creation.

At this reporting, the exact placement figures for any vocational training or employment programs in Alberta were unavailable. However, there are space allowance figures for the Government of Alberta programs. As was described earlier, the Government funds several vocational training programs for handicapped people, either directly or through a funded agency. The three departments providing the majority of funding for adult vocational services are Alberta Social Services, Advanced Education, and Manpower. Some assistance may also be provided by the federal government via provincial federal cost-share agreements. Together they sponsor approximately 65 major facility-based programs for 1920 placement spaces in the following vocational categories (minimum figures are shown):

- o activity (570 spaces)
- o vocational training (170 spaces)
- o activity/vocational training (undistinguished) (730 spaces)
- o pre-vocational (170 spaces)
- o continuing education (100 spaces)
- o other (180 spaces)

The British standards of vocational spaces to population is 1.92/1000 (ASSCH Source File, 1983), which is generally accepted in Alberta as a suitable standard for program delivery (there is no standard delineation for type of vocational program space). The following table shows how well Alberta measures up to vocational spaces made available.

INSERT TABLE 2 ABOUT HERE

In Alberta, we have lost ground since 1975, when there was a 96% increase in space allocations in the prior three year period (32%/year average). In this period, 1975-1983, there has been only a 40% vocational space increase, or 5% per year average. The 1985/86 provincial budget shows an overall increase in expenditures by 4.3% and 3.6% for vocational rehabilitation and services for the handicapped respectively. By comparison, manpower development and training assistance, and special employment programs (primarily for youth and the unemployed) show increases of 29.9% and 129.6% respectively.

The spaces which have been allocated are all similar types of spaces. A continuum of vocational services within which individuals are expected to fit has been developed. A number of alternatives are currently being explored (largely in the U.S.) which may increase the number of appropriate options which individuals may have access to in moving to adulthood and the work force (Kiernan and Stark, 1986). As these alternatives appear to hold a great deal of

TABLE 2. PROJECTED VOCATIONAL SPACE REQUIREMENTS BASED ON POPULATION OF ALBERTA

	1972	1975	1983
Alberta population (approx.)	1,650,000	1,750,000	2,350,000
Vocational spaces (criterion)	3,170	3,360	4,510
Vocational spaces (actual)	700	1,375	1,920
Vocational spaces (required)	2,470	1,985	2,590

effectiveness of the models in assisting individuals who have a mental handicap in making the transition to adulthood.

United States Models

In 1985, the U.S. Office of Special Education and Rehabilitative Services (OSERS) received support to develop initiatives designed to provide employment and related services to individuals with mental and physical disabilities. Prior to this allocation of monies to develop alternatives, the primarycommunity service appproach available was day activity programs, the purpose of which was to provide therapeutic and educational opportunities that that would prepare people to enter more advanced services (Katz, 1968).

Although a range of activities was to occur within a program, instruction usually centered around daily living skills, social activities, leisure and recreation, prevocational skills, and work activities. Although believed to be programatically and fiscally superior to institutional programs, these day programs had come under attack for lack of movement to less costly and less dependent services, segregation from the mainstream, and lack of earnings by the participants.

The U.S. Congress, recognizing these difficulties, provided funds through the Education Amendments (P.L. 98-199,1983) to establish research and dissemination programs addressing secondary special education and transition services. The position taken by the U.S. Congress is

reflected in a statement from this 1983 legislation:

> ...the Subcommittee (on the Handicapped) recognizes the overwhelming paucity of effective programming for these handicapped youth, which eventually accounts for unnecessarily large numbers of handicapped adults who become unemployed and therefore dependent on society. These youth historically have not been adequately prepared for the changes and demands of life after high school. In addition, few, if any, are able to access or appropriately use traditional transitional services. Few services have been designed to assist handicapped young people in their efforts to enter the labor force or attain their goals of becoming self-sufficient adults, and contributing members of our society. (Section 626, P.L. 98-199)

As previously noted, the U.S. Commission on Civil Rights (1983) recently suggested that 50 - 75% of adult handicapped workers are unemployed. Statistics on movement within existing vocational day programs are equally pessimistic. In 1983, both California and New Jersey reported little movement to higher levels of training: 2.7% and 3.5% respectively.

In an effort to address this problem of movement within programs and towards employment, ~~OSERS~~ has developed a transitional model which attempts to deal with both the complexity of the service system and the complex needs of adults and adolescents with disabilities (Halpern, 1985). For practical purposes, transition services outlined by the model are grouped into three classes which reflect the nature of services used to provide support as the passage from school to work is completed.

INSERT FIGURE 3 ABOUT HERE

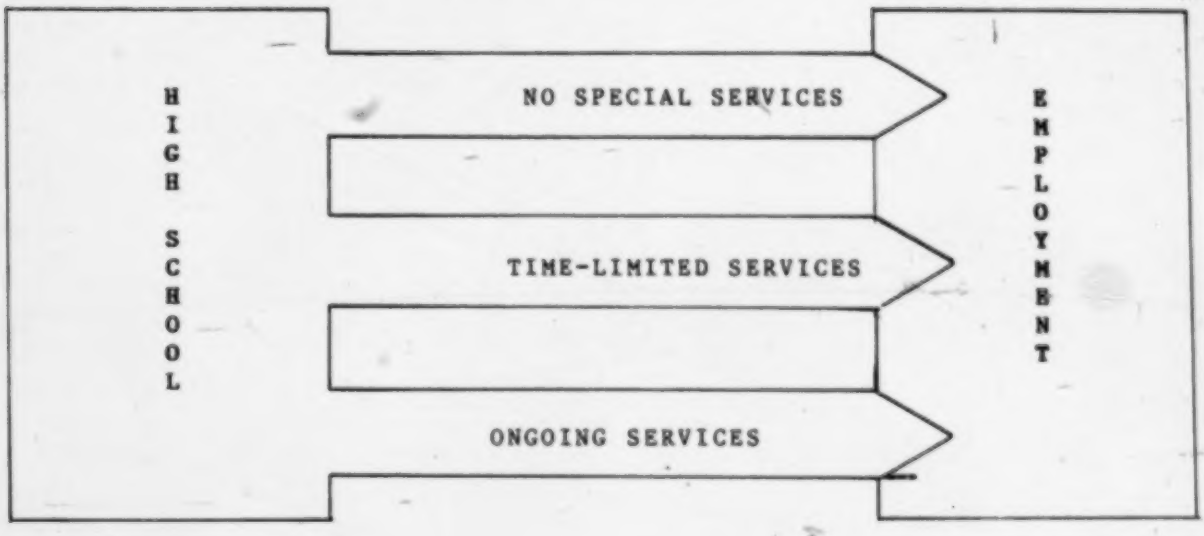

FIGURE 3. OSERS TRANSITION MODEL (WILL, 1983).

The first 'bridge' involves movement from school either without services or with only those available to the population at large. Post-secondary education, such as that provided by a community college, is mentioned as a prime example of this type of service. This bridge from school to employment is used by many individuals with disabilities as well as most individuals without disabilities. Individuals making the transition from school to work in this way rely on their own resources or those generally available to all citizens. Any necessary accommodations for individuals with disabilities are incorporated within generic services. For example, an individual may use contacts gained through work experience programs, access to post-secondary educational institutions, use family contacts, neighborhood networks, or short term volunteer jobs.

The second 'bridge' identifies the use of time limited services that are designed to lead to independent employment at the termination of services. This services refers to "specialized" short term services, where the presence of a disability is usually required in order to qualify a person for access to the services. Vocational rehabilitation is offered as an example of this type of service. This bridge consists of temporary services that lead to employment. Individuals following this path use specialized, time-limited services like vocational rehabilitation, post-secondary vocational education, and other job training programs to gain entry to the job market.

The third 'bridge' involves use of ongoing services for

those disabled individuals who do not move to unsupported work roles. This bridge does not represent a widely existing service delivery system at present but one which is present in the form of projects focusing on the demonstration of "supported employment" (Will, 1984). These ongoing services may be the 'bridge' that allow individuals with disabilities to take advantages of normalized work opportunities. Unlike the first two options, this bridge has typically been nonvocational, either providing long term custodial care or attempting to prepare individuals for later involvement in vocational services.

The lack of significant movement from these types of programs to rehabilitation and employment, however, has meant that they actually serve as an alternative to work. Consequently, individuals have been excluded from both work related services and employment opportunities. If this bridge is to be a viable alternative, it will require local services and supportive policies that allow a combination of work opportunities and ongoing support. An example of such an opportunity might include a small group of disabled workers receiving publicly supported supervision in a variety of dispersed individual placements in the community. In any case, individual participants should enjoy the full range of employment benefits, such as vacation entitlement, medical insurance, unemployment insurance, etc.

Each of the three transitional strategies is necessary if individuals with disabilities are to move to successful working roles. The transition from school to working life

should be an outcome-oriented process which encompasses a broad range of services and experiences. The range of strategies allows flexibility in providing individualized services which will, hopefully, lead to employment opportunities as well as success in social, personal, leisure and community roles.

A number of factors must be considered in the development of a model (Kiernan & Stark, 1986). The OSERS model contains the attributes identified as necessary:

- sufficiently broad so that the outcomes presented within the model reflect those outcomes sought by the majority of persons for whom the model was designed;
- sufficiently flexible so that individual variations in response may be accommodated through the range of outcomes offered by the model;
- sufficiently specific so that the model is able to reflect what is, what could be, or what has happened as the individual moves towards an outcome;
- able to accommodate a variability in skills, capacity, and degree of motivation brought into the process by each individual who enters it; and
- a true and accurate representation of the process that it is designed to reflect.

The OSERS model has been developed with employment identified as the sole acceptable outcome. Although employment is recognized as necessary for the majority of adult individuals, the OSERS model has been criticized in that it is too limiting for many individuals who have a number of needs other than vocational. For those individuals, it is important to identify outcomes in other areas. Halpern (1985) has offered a revised model which views community adjustment as the outcome. Employment is

viewed as only one dimension of the outcome. The residential environment and social and interpersonal networks are equally important.

INSERT FIGURE 4 ABOUT HERE

The same three 'bridges', generic services, time limited special services, ongoing special services, are identified as facilitating the transitional process. The employment dimension is well described in the OSERS model. It includes a wide array of components, such as job finding networks, job search skills, minimum wage levels, and employer incentives. The second dimension of the residential environment is directed at examining the adequacy of the person's home, quality and safety of the neighborhood in which the home is located, as well as the availability of community services and recreational opportunities within reasonable proximity to the home. Social and interpersonal networks, the final dimension, includes the major dimensions of human relationships, such as daily communications, self esteem, family support, emotional maturity, friendships and intimate relationships.

The two U.S. transitional models (OSERS,1985; Halpern, 1985) both advocate the use of three bridges to facilitate the transition to successful employment and community adjustment. Both models indicate the need for both strong local service delivery systems and supportive policies. The requirements of strong delivery systems and policies

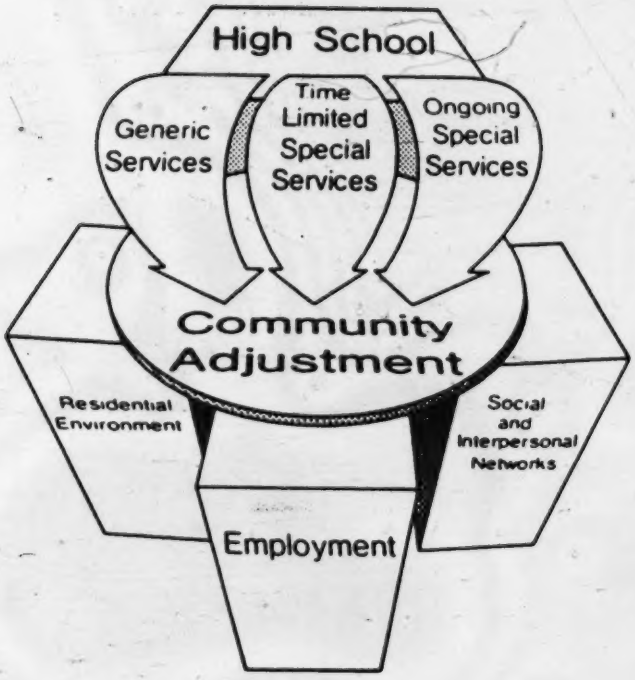

FIGURE 4. HALPERN TRANSITIONAL MODEL (1985)

become increasingly critical when discussing ongoing services as this type of service is not yet well established but in the process of development in many of the states in the U.S Ongoing services are, at present, delivered largely in workshops, work activity centers, and activity centers. A number of problems arise from the use of such training environments which are segregated and tend to homogeneously group individuals for placement. In addition to being unnecessarily restrictive and cost ineffective, such programs may be antihabilitative (Falvey, 1985).

Comparison of U.S. and Alberta Models

The two transitional models previously discussed provide a basis to begin analyzing training and employment services which are available to Albertans who have handicaps. The services available to Albertans who are handicapped, and the policy which underlies these services, suggest that all services funded by ASSCH are ongoing with the exception of Vocational Rehabilitation Programs which have a twelve month attendance limit. The eight transitional/vocational community college programs funded by Advanced Education fall into the transition with time limited services bridge, although there appears to be disagreement as to the length of that time limit. The majority of the federal programs are generic services which would be available to most individuals in making the transition to work life. Access to these services does not require that the participant have any handicapping condition.

Services to Albertans who are handicapped are provided largely within segregated and homogeneous centers; that is, they are designed to employ or serve only persons with handicaps. As a result, they are over-restrictive and may, in fact, be antihabilitative (Falvey, 1985). These characteristics are particularly disturbing in light of the lack of distinctive options within the province. The characteristics of such environments are outlined in Table 3.

INSERT TABLE 3 ABOUT HERE

Services funded by ASSCH offering vocational training and/or work activity training have stated very general entrance criteria: independent self care skill, able to move around independently, illness in control, transportation to and from the center, capable of responding to communication, no aggressive behavior problems, and minimum age of 16 years. It is suggested that the objective is to provide training which will assist the individual to move on to more independent work opportunities and/or employment. In addition, some agencies offer social/living and academic skills that will promote vocational independence. Each agency indicates that its philosophy is one of maximum growth/independence in the least restrictive environment.

Each agency has recommended inquiries be made a few months prior to the projected entrance as waiting lists are not uncommon. In addition to completing application for service forms, most agencies request the following

TABLE 3. ANTIHABILITATIVE AND RESTRICTIVE CHARACTERISTICS OF TRAINING ENVIRONMENTS (Falvey, 1985).

1. Work performed often requires minimal learning on the part of the workers (Brown, Shiraga, Ford, Nesbit,Van Deventer, Sweet, York, & Loomis, in press).
2. The best workers are often retained for the more demanding work, instead of being trained for and placed in nonsheltered vocational environments.
3. Adequate time is not available for training workers in nonsheltered environments.
4. Personnel often lack training in critical areas such as effective methods for teaching, production, and providing "real" job training (Brown et al., in press).
5. "Down time" or "dead time" is frequent.
6. Formal vocational evaluation used is often based upon inferences, not upon actual observation of that student/client in actual community jobs (Wehman, 1981).
7. All the students/workers/ receiving "training" are handicapped and therefore are afforded no contact with nonhandicapped workers (Brown et al., in press).
8. Inappropriate assumptions are made that persons in sheltered workshops or activity centers "enjoy" and/or are more competent at tasks that involve sitting or standing at tables using predominately fine motor and coordination skills.
9. Tasks vary not in terms of the students/'clients' training needs, but, rather, in terms of the contracts secured (Brown et al., in press).
10. Equipment is often out of date and in poor condition, resulting in worthless training.
11. Frequently, normal workdays or workweeks are not followed. As a consequence, persons in workshops and/or centers do not have sufficient opportunity to build endurance. Historically, workshops and/or centers have interrupted work periods, particularly at holiday times, with events such as a dance with age-inappropriate music (Brown et al., in press).
12. Systematic strategies are not developed to assist the student/client to make the transition to less restrictive setting (Brown et al., in press).

13. Irrelevant exit requirements or prerequisite skill requirements are often higher than requirements in "real" community jobs (Bellamy, 1983).
14. Assumptions have been made with regard to a predetermined continuum that students/clients must follow - that is, activity center, work activity, workshop, and competitive employment. This continuum usually begins at age 21, or after graduation from public schools. According to Bellamy's (1983) research, the average length of stay is 37 years for activity center, 10 years for work activity centers, and 9 years for sheltered workshops. If a student/client started in the activity center and matriculated through the continuum, he or she would be 77 years old before being eligible for work in competitive employment.

information:

- applicant's medical/psychological history, including information on current medications, and a statement of medical/psychological stability;
- reports from any previous assessments, school or training program, work experience programs, or jobs;
- evidence that any corrective devices have been obtained (e.g. hearing aids, braces, corrective lens).

Entrance criteria outlined by the services funded by Advanced Education are outline as; 17 years of age, ambulatory, no behavior difficulties, independent self help skills, the ability to use public transportation, and an assessed IQ between 50 and 75, + or -5. The services generally espouse a philosophy as holistic in that a variety of approaches, classroom instruction, job site experience and vocational counselling are used to foster personal growth, independence, a realistic self-perception and self-esteem.

Alberta Manpower sponsored agencies outline as entrance criteria items similar to Advanced Education and Social Services and Community Health funded agencies with the additional criteria that basic work skills have been already developed through previous employer or work experience programs. The mandate of such agencies is to assess job readiness, provide vocational counselling, job placement, on the job training, and follow-up services to ensure maintenance of employment positions secured. Individuals served are described as possessing basic job readiness skills but yet still require the support of a vocational adjustment worker to adapt to competitive employment. Individuals are

encouraged to achieve independence through placement in the competitive work force.

Services which are available in Alberta to individuals who have a mental handicap are extremely limited. It is apparent when looking at transitional models being researched in the U.S. that Alberta must begin to expand the number and type of available options. With that objective in mind, some alternatives which might be appropriate will be presented.

Recommended Alternatives

Although the transition process is often hampered by ineffective service options that are currently available to prepare individuals for adulthood, a number of strategies may be adopted by existing service providers to help to facilitate the successful transition from school to non-school environments (Will, 1984). These strategies are as follows:

1. including vocational goals in all students' individualized education programs (IEPs);
2. maximizing contact between students with handicaps and their non-handicapped peers;
3. developing curricula designed to prepare students with handicaps to respond to the demands of adult life;
4. developing links among Special Education, Vocational Education, Rehabilitation and other adult service agencies; and
5. establishing postschool "supported work" models. (p.8).

On an individual student basis, transition plans must be developed and implemented during school years. Components of such transition plans might consist of the following:

1. establishing a cooperative working relationship with adult service agencies (e.g., Vocational Rehabilitation) within the students' community;
2. delineating a plan with the assistance of the adult service agencies, community, school employees, parents, potential community employers, and students that reflects potential work, living, and recreation/leisure environments within the students' community;
3. developing IEPs that reflect goals and objectives that are chronological age appropriate and functional within vocational, domestic, recreation/leisure and community environments;
4. instruction in job and job-related skills within those community job environments previously identified;
5. identifying needed support and other resources in order for the students's transition to be successful;
6. facilitating the procurement of those resources identified as necessary for the student and for his or her family;
7. follow-up by school personnel of students in their adult environments in order to evaluate life-style opportunities for the student. (p. 12)

The outcome findings of traditional day program services provided the most important data for developing alternatives. Movement to higher level services, the central measure in a continuum concept, remains an illusion for most individuals. Studies showed fewer than 5 % of service recipients advance each year (California Department of Finance, 1979; Minnesota Developmental Disabilities Program, 1982; New Jersey Bureau of Adult Training Services, 1981; U.S. Department of Labor, 1979). The failure of the system was also evident in the wages earned by the participants. The average wage in 1979 was $228 per year, or about $1 per working day (U.S. Department of Labor, 1979).

Alternatives to traditional day programs which are now being advocated as appropriate vocational outcomes are variations of supported employment opportunities, including

competitive employment with staff support, and in diverse business and industry, specialized industrial training, and sheltered enclaves in industry. Each of the options is characterized by a functional 'curriculum' (Wehman, Bates, & Renzaglia, 1985), integration with non-handicapped peers (Certo, Haring, & York, 1983) and a community based instructional model (Wehman & Hill, 1982). The types of alternatives are not viewed as a developmental continuum but rather as a series of selected options or opportunities. Figure 5 presents a brief schematic of the four outcomes.

INSERT FIGURE 5 ABOUT HERE

Each of the four above mentioned options is a variation of supported employment. Supported employment is defined by the Developmental Disabilities Act of 1984, the regulation under the 1984 Amendments to the Education of the Handicapped Act and the Rehabilitation Act (Federal Register, 1984) as paid employment that:

1) is for persons with developmental disabilities for whom competitive employment at or above minimum wage is unlikely and who, because of their disabilities need intensive ongoing support to perform in a work setting;

2) is conducted in a variety of settings, particularly worksites in which persons without disabilities are employed; and

3) is supported by any activity needed to sustain paid work by persons with disabilities, including supervision,

Competitive Employment with staff support
a.need intensive staff support in placement and job site training
b.need to emphasize job retention
Specialized Industrial Training
a.need to keep programs small and business oriented
b.need intensive behavioral skill training of clients
MULTIPLE EMPLOYMENT OUTCOMES
Competitive employment in diverse businesses and industry
a.need for social interpersonal skill training
b.need to expand into areas of high technology
Shelter Enclaves in industry
a.need staff person to supervise small group of workers
b.need to focus on integration where-

FIGURE 5. SELECTED EMPLOYMENT OUTCOMES FOR YOUTHS WITH HANDICAPS

training and transportation (Developmental Disabilities Act of 1984).

With the exception of the Manpower sponsored services, the majority of agencies in Alberta provide training to individuals who are handicapped within large (25 to 325 space) segregated facilities. Although employment and independence within the community is deemed to be the preferred outcome, the majority of agencies fail to take advantage of community environments which would enhance and perhaps even hasten achievement of the objective. The disadvantages of providing training services in large, homogeneously grouped, segregated environments is well documented and has been previously presented in this thesis.

Alberta has not acted upon available information by offering training alternatives that are integrated into community based employment sites. The myth of getting people "ready" for a higher level of training or for employment is being perpetuated. As noted previously, remuneration is often minimal for individuals in training centers. However, the productivity of workers is also dependent on the efficiency of the productive process and the value society places on what is produced (Kiernan and Stark, 1986). Training facilities in Alberta may suffer from the following limitations:

> most workshops, particularly those that are small, are limited in the variety of jobs they offer, making it difficult to place clients in jobs that are suitable to their capabilities;
>
> most workshops are restricted in their ability to employ efficient methods of production because they

> usually must attempt to utilize large numbers of severely limited workers and too few skilled workers;
>
> most importantly, most workshops cannot match the productive efficiency of private firms. They lack the capital, experience, technical knowledge, employee skills, size and marketing capacity, and are probably disadvantaged in other ways as well.

During 1972, over 55% of the workshops in which persons with mental retardation were the primary group served had fewer than 50 clients in average daily attendance (U.S. Department of Labor, 1977). The small size of many workshops adversely affects productivity in several ways. It makes it difficult to accept large subcontracts, which in turn, makes it difficult to take advantage of economies of scale, and presumably causes a number of promising subcontract opportunities to be lost. Small size also limits such important business activities such as marketing products, recruiting business, and investing in capital stock and equipment.

One obvious conclusion is that, whenever possible, persons with mental handicaps should be placed in regular jobs in private or public employment. The great number of jobs in the economy make regular employment sites a much more likely source of suitable jobs than those available in workshops (Elder, Conley, Noble, 1986).

CHAPTER THREE
STATEMENT OF RESEARCH QUESTIONS/ISSUES

As previously discussed, transition of young adults with disabilities has become a prominent concern of the province, funded agencies, parents, and advocates. Attention to transition has arisen because of the hope that students will be more competent, contributing members of the community when they leave school or a training service. Efforts to facilitate the adjustment of individuals with disabilities to the community have included a number of initiatives to enhance planning and service delivery. Despite these efforts, the successful transition of young adults with disabilities to the community remains a complex and, as yet, unresolved problem.

Effective adult service programs are usually required to support community participation. However, two barriers appear to prevent access to such services. The first significant barrier is a shortage of options within community vocational and residential service programs. Although there appears to be sufficient space, all of those spaces offer similar training services without being responsive to individual needs. As well, community vocational and residential programs report waiting lists of 10 - 30 individuals (Client Services Unit, ASSCH, 1986). The second significant barrier facing individuals who have handicaps is the ineffectiveness of existing vocational and residential service programs in producing meaningful outcomes to facilitate transition to and between community

options (Bellamy, Rhodes, Bourbeau & Mank, 1983; Lakin & Bruininks, 1985). Existing community service programs are characterized by low wages, limited access to community environments, isolation from non-handicapped peers, and little movement to less restrictive options. A variety of reasons may account for this difficulty in transition from school to the community including a lack of appropriate service options, lack of incentives to develop less restrictive options, lack of coordination among service providers, lack of available accurate information to individuals who have mental handicaps or to parents and guardians of those individuals.

Given that the budget allocation to vocational services available to individuals who have a mental handicap will remain constant or increase only slightly, it was the intent of this study to collect information from individuals with handicaps, parents/guardians, and service providers in an attempt to establish what experiences each had or was having in the transition from training to community life. Specifically, data were gathered on the types of services used (current and past), how, from whom, and what information was acquired, length of wait for services, what characteristics were deemed important to the individual and/or parent/guardian in vocational and residential services, and what outcome was achieved as a result of involvement in the service. In addition, each individual was assessed to determine competence in vocational skills, residential skills and social/interpersonal skills identified as necessary for

independent functioning in the community. These data would then be reviewed in terms of the issues which were raised in the literature review in an attempt to validate the appropriateness of existing programs and begin to identify potential areas of concern and need. The issues raised as a result of this research may provide the basis for beginning discussion on possible directions for reallocation of program resources and services.

CHAPTER FOUR
METHOD AND PROCEDURES

Participants

Participants were identified by the following process:

- agencies funded by one of the four funding bodies were contacted.

- individual participants were identified by the agency

- consent to participate in the study was requested by the agencies from the individual and/or parent/guardian.

- interview times were scheduled at a mutually convenient time and place.

Sixteen individuals volunteered to participate in the study. The individuals participating in the study were attending one of the services funded by ASSCH, Advanced Education or Manpower. By selecting individuals involved in agencies providing one or more of the funded 'types' of services, the experience of attempting to transition to adulthood could be documented. Additionally, common difficulties among services funded by the three responsible provincial government departments could be identified. Four individuals were receiving services from an Advanced Education funded program. Ten individuals were receiving services from Alberta Social Services and Community Health funded agencies; four in vocational rehabilitation spaces, three in vocational training spaces, and three in work activity spaces. Two individuals were involved in Manpower sponsored programs. Each individual met entrance criteria

as outlined by the service agency.

Procedure

Interviews were conducted with the four Advanced Education funded individuals, all independent adults. Each was reminded before the interview was initiated that participation was voluntary and could be terminated at any time. The same reminder was given midway through the interview. At the end of the interview, the participant was again told that participation was voluntary and that any or all answers could be withdrawn.

The two participants involved in Manpower funded services and the three participants in ASSCH funded vocational rehabilitation spaces were also independent adults. The same interview process was used as that with the Advanced Education participants.

The remaining ten participants were in ASSCH funded services. The four in vocational rehabilitation spaces, all independent adults, were interviewed according to the above noted procedure. The remaining six, three in vocational training spaces and three in work activity spaces were under either full or partial guardianship orders. Consent to participate in the study was requested of and given by the legal guardian. The interview questions were directed to both the participant and the guardian with the same process as with other participants being used.

Setting:

Interviews were conducted in one of two places; the individual's residence or the agency with which the

individual was associated. Each setting was quiet and relaxed, with the interviewer, interviewee, and, where necessary and appropriate, the parent(s) or guardian(s) present. The interviews were recorded on audio tape to alleviate the need for the interviewer to record responses during the interview.

Design:

A case study approach was used in an attempt to identify the experiences of each individual in attempting to transition to the community. An interview process was used with the individual participant and the legal guardian, where appropriate. Specifically, the interview addressed a) the type of service(s) used; b) the information obtained prior to accessing any training service; c) length of time between application for service and access of that service; d) the characteristics of services deemed most important by the participant and/or guardian; e) identified outcome achieved as a result of the service. The interview questions are included in Appendix 1.

Each individual was assessed using the Independent Living Skills Checklist (ILS). This checklist is described as a compendium of short statements descriptive of skills required by an individual to live effectively in the community (ASSCH, 1984). The statements are divided into six areas: Self Help, Academic, Community Awareness, Employment, Home Living Skills and, Social Maturity. The ILS checklist is outlined in Appendix 2.

CHAPTER FIVE
RESULTS

Table 4 provides a summary of the interviews conducted with individuals involved in funded services.

INSERT TABLE 4 ABOUT HERE

Advanced Education Funded Services

Two males and two females, between the ages of 18 - 26 years, were interviewed. Involvement in the services was time limited to an academic year (September - June). The average time spent in a previous secondary school program or training service was eight years. The quality of previous and current service was perceived by each participant as good.

Information regarding choices of adult services which were available to the individual had was not provided in any systematic way or from any specific source. Participants indicated that information was made available only upon request and was given verbally with no written supplement.

Only one of the participants perceived the service as employment. The remaining three indicated that employment was likely in the near future with wages at or slightly above minimum wage. The pending work experience placements were viewed as potential jobs upon completion of the placement.

TABLE 4. INTERVIEW RESULTS

NAME	AGE	CURRENT SERVICE	PREVIOUS SERVICE	OPTIONS PRESENTED	SOURCE	EMPLOYMENT STATUS	WAGE
Lisa	20	Adv. Educ. vocational	secondary school	vocational school work exp.	school counsellor	perceived as employment	< min. wage
Ray	20	Adv. Educ. vocational	secondary school	vocational school, work experience	parents, school counsellor	unemployed	
Richard	18	Adv. Educ. vocational	secondary school	vocational school, work experience	brother	unemployed	
Ivy	26	Adv. Educ. vocational	A.S.S.C.H. vocational training	vocational school, job search	friend	unemployed	
Maria	26	A.S.S.C.H. vocational rehab.	institution	work experience	counsellor	unemployed	
Linda	21	A.S.S.C.H. vocational rehab.	secondary school	work experience	counsellor	unemployed	
Joanne	24	A.S.S.C.H. vocational rehab.	Adv. Educ. A.S.S.C.H. (voc. tr.) Manpower	work experience	Manpower counsellor	unemployed	
Anne	22	A.S.S.C.H. vocational rehab.	Adv. Educ.	work experience	ASSCH counsellor	employed	min. wage
Rod	31	A.S.S.C.H. vocational training	A.S.S.C.H. vocational training	none	family	unemployed	
Jamie	25	A.S.S.C.H. vocational training	A.S.S.C.H. vocational training	none	family doctor	perceived as employed	< min. wage
Debbie	20	A.S.S.C.H. vocational training	none	none	Assessment Unit	perceived as employed	< min. wage
Alan	23	A.S.S.C.H. work activity	A.S.S.C.H. vocational training	none	parent organization	unemployed	
Doris	61	A.S.S.C.H. work activity	secondary school	work experience	psychiatrist	perceived as employed	< min. wage
Judy	32	A.S.S.C.H. work activity	A.S.S.C.H. work activity	none	Serv. for Handicapped	perceived as employed	< min. wage
Roy	24	Manpower	Adv. Ed.	vocational school work exp.	social worker	employed	min. wage
Wes	24	Manpower	A.S.S.C.H.	vocational school work exp.	school counsellor	employed	min. wage

ASSCH Funded Services

Activity Programs

One male and two females, between the ages of 23 and 61 years, were chosen as participants in this category of service. The interview for each was directed to the parent/legal guardian as each participant was under a full guardianship order. Each participant was involved in an activity program and residential service. One individual was participating in a social program designed to increase interpersonal skills. Length of time in the current service ranged from four months to six years. Involvement with a residential service ranged from four months to six years. The average time spent in a previous vocational service was ten years, residential service was two years. The quality of the current service was perceived as good while quality of the previous service was perceived as only fair. Information regarding available services was received in each case from Services for the Handicapped, a branch of ASSCH, and was given in both verbal and written form. The information was not, however, readily available. Each parent/legal guardian indicated a great deal of searching occurred prior to discovering information on available services.

The training centre was viewed as a job by two of the three parents/legal guardians, even though low ($40 - $50 per month) wages were reported. The third was unsure of what status the individual participant was in the program. All three indicated that the services were adequate to meet the needs of the participants.

Vocational Training Programs

One male and two females, between the ages of 20 - 31 years, were chosen as the participants in this category. The interview questions were directed to the parent/guardian as each participant was under a full or partial guardianship order. Only one of the participants was currently involved with residential services. Two of the three individuals had been previously involved with a vocational service. The length of time spent with the current service ranged from four months to eight years. The individual residing in a group home had been so for seven years. The average time spent in a previous vocational service was one year.

The quality of the existing vocational and residential service was perceived as fair to good. Information regarding possible options was acquired from family members, family doctor, and an assessment center. In all cases, the information was requested by the parent and was verbal in nature. Two of the participants viewed the training centre as employment although, again, low wages were reported. The third parent/guardian expressed interest in exploring positions in day care but indicated that this would not occur for at least five years.

Vocational Rehabilitation Programs

Four females, between 21 and 26 years, were interviewed. Involvement in this particular service was time limited (one year). The average time spent in a previous service was fifteen years. Two individuals had been involved in an Advanced Education funded program prior

to entry into the current service. One individual had entered the service directly from a secondary special education program and the other had been institutionalized prior to entry. The quality of the current service was perceived by two participants as good and as fair by the other two participants. All four participants were residing in apartments with support offered by an independent living skills counsellor. Information regarding available options was provided by family members, previous service providers and secondary school counsellors. Information was requested by the participant and/or family and was offered only verbally.

None of the participants viewed the service as employment. Employment was viewed as a likely outcome within six months to one year. Minimum wage was cited as the expected starting salary. Three of the individuals indicated an interest in securing employment in food services while the fourth participant responded that anything but food service would be sought.

Manpower Funded Service

Two males, both 24 years of age, were interviewed. One had been involved with the current program for three years, the other for 18 months. The average time spent in a previous program was 4 years. Both ASSCH and Advanced Education funded services had been accessed. The perceived quality of both current and previous services was good. Both individuals are currently living independently but had previously lived in a group home setting. Quality of the

living situation was perceived as being good.

Information regarding available options was limited to information available to school counsellors and social workers. It was given verbally with no follow up material provided.

Both participants were working in janitorial positions, earning minimum wage. Both indicated satisfaction with the position, wages and follow-up provided by the funded service.

A number of characteristics which are critical to providing a habilitative experience within a training service have been identified (Falvey, 1985). Table 5 indicates those characteristics which each participant in each of the funded services perceived as being important.

INSERT TABLE 5 ABOUT HERE

Four of the participants in services funded by Advanced Education perceived all of the identified characteristics as being important. One of the participants viewed only security as very important, with work hour as being somewhat important, and amount of non-paid work as not important.

The parents/guardians of those participants in ASSCH funded work activity services viewed as very important the following characteristics: amount of job training, security, type of work, and work hours. Contact with non-handicapped peers and level of on site supervision was viewed as somewhat important. Wages, access to community sites and

TABLE 5. PERCEIVED IMPORTANCE OF VOCATIONAL SERVICE CHARACTERISTICS

	Advanced Education		Manpower		A.S.S.C.H. Work Activity		A.S.S.C.H. Vocational Training		A.S.S.C.H. Vocational Rehab.	
	No. of responses	Perceived importance	No. of responses	Perceived importance	No. of responses	Perceived importance	No. of responses	Perceived importance	No. of responses	Perceived importance
Amount of job training	3	very important	2	very important	3	very important	2 1	very important not important	4	very important
Security	4	very important	2	very important	3	very important	3	very important	4	very important
Type of Work	3	very important	2	very important	3	very important	2 1	very important not important	4	very important
Work Hours	3 1	very important somewhat important	2	very important	3	very important	2 1	very important not important	4	very important
Contact with Non-Handicapped Peers	3	very important	2	very important	3	somewhat important	3	not important	4	very important
Level of On-Site Supervision	3	very important	2	very important	3	somewhat important	2 1	very important not important	4	very important
Wages	3	very important	2	very important	3	not important	3	not important	4	very important
Access to Community Site	3	very important	2	very important	3	not important	2 1	very important not important	4	very important
Amount of Non-Paid Work	3 1	very important not important		n/a	3	not important	2 1	very important not important	4	not important

the amount of non-paid work were viewed as not important.

The parents/guardians and two participants of ASSCH funded vocational training services perceived all the characteristics as very important with the exception of wages and contact with non-handicapped peers which were viewed as not important. The third participant and parent guardian viewed security as the only very important characteristic with the other characteristics being not important.

Individual participants using ASSCH funded vocational rehabilitation services viewed all characteristics as very important with the exception of non-paid work which was indicated to be not important.

The two individuals utilizing Manpower funded services viewed all characteristics as very important. The amount of non-paid work was not applicable as even work experience placement are paid by this service.

Independent Living Skills Assessment

The Independent Living Skills Checklist (ASSCH, 1984) results for individuals in all funded services programs are provided in Table 6.

INSERT TABLE 6 ABOUT HERE

Individuals receiving services in Advanced Education funded services were assessed as being independent in four of the five skills areas: community awareness, home living, employment and self help. Each individual was assessed as

TABLE 6. INDEPENDENT LIVING SKILLS CHECKLIST

Participants	Community Awareness Skills	Home Living	Employment Skills	Social Maturity	Self-Help Skills
Advanced Education					
#1	Indep.	Indep.	Indep.	Semi-Indep.	Indep.
#2	Indep.	Indep.	Indep.	Semi-Indep.	Indep.
#3	Indep.	Indep.	Indep.	Semi-Indep.	Indep.
Manpower					
#1	Indep.	Indep.	Semi-Indep.	Semi-Indep.	Indep.
#2	Indep.	Indep.	Semi-Indep.	Semi-Indep.	Indep.
A.S.S.C.H. Voc. Rehab.					
#1	Indep.	Indep.	Semi-Indep.	Indep.	Indep.
#2	Indep.	Indep.	Semi-Indep.	Indep.	Indep.
#3	Indep.	Indep.	Semi-Indep.	Indep.	Indep.
#4	Indep.	Indep.	Semi-Indep.	Indep.	Indep.
A.S.S.C.H. Voc. Training					
#1	Pre-Indep.	Semi-Indep.	Pre-Indep.	Semi-Indep.	Semi-Indep.
#2	Semi-Indep.	Semi-Indep.	Semi-Indep.	Semi-Indep.	Semi-Indep.
#3	Semi-Indep.	Semi-Indep.	Semi-Indep.	Semi-Indep.	Semi-Indep.
A.S.S.C.H. Work Activity					
#1	Pre-Indep.	Pre-Indep.	Pre-Indep.	Pre-Indep.	Pre-Indep.
#2	Pre-Indep.	Pre-Indep.	Pre-Indep.	Pre-Indep.	Pre-Indep.
#3	Pre-Indep.	Pre-Indep.	Pre-Indep.	Pre-Indep.	Pre-Indep.

being in the semi-independent range in the skill area of social maturity.

Participants receiving services from agencies funded by ASSCH were assessed as having a wide range of skills with little consistency among the skill areas. Individuals in vocational rehabilitation programs were assessed as being more independent than those individuals in either vocational training or work activity programs. Likewise, those individuals in vocational training programs were assessed as having more competence than those in work activity programs.

Individuals accessing Manpower funded services were assessed as the most independent. All skill areas were assessed as independent except for employment and social maturity which were assessed as semi-independent.

The results of the ILS checklist are consistent with the level of functioning (ASSCH, 1975) classification required for entry into a funded program. Those individuals in Advanced Education and Manpower funded services are identified as Level 1 individuals. Those in ASSCH vocational rehabilitation spaces are classified as Level I or II. Individuals in ASSCH vocational training programs are identified as Level II or III with those in ASSCH work activity spaces being classified as Level III or IV. Those levels of functioning are further explained in Table 7 and Appendix 3.

CHAPTER 6
DISCUSSION
RECOMMENDATIONS

Models of Service Delivery

In comparing and contrasting the vocational service delivery model in Alberta with those available elsewhere, it is suggested by the literature and case studies that Alberta has not kept pace. Services may not be provided in the most effective and efficient way, nor are those the services necessarily meeting the transitional needs of individuals who have a mental handicap. The more progressive models advocated in the U.S. support the successful transition of young adults who are mentally handicapped from school to the workplace and adulthood. The model under which Alberta operates is almost ten years old with no major revisions having been incorporated during that time. Alberta has not uniformly responded to the tremendous amount of information available regarding 'best practice'. Individuals involved in the service delivery system, consequently have not had available to them the best possible vocational alternatives. More progressive models are available and should be considered for implementation. The fact that Alberta has failed to keep up with the technology available is suggested by the results of this study.

The literature review presents a number of interesting issues which are reflected in the model of service delivery. As well, the individual experiences identified during the transition from school to the workplace offer some direction for future program and policy development.

Service Delivery Issues

A number of interesting questions result from the research conducted: length of time spent in training, perception of quality of service, perception of employability, characteristics viewed by participants as important, information availability, and assessed competence in skills identified as necessary for independent living.

The length of time spent in training

The amount of time spent in an adult training service ranged from eight (8) months to fifteen (15) years, unless the accessed training service was time-limited (Advanced Education, Manpower). Those individuals currently involved in time-limited services had previous long-term involvement in adult programs. Another trend, often called program-hopping, was obvious among the participants in this study. Although some movement was noted, it was generally from program to program; there was little or no movement from a more to a less restrictive setting. One of the contributing factors to this problem may be that, although a great deal of money is spent on adult vocational services, resulting in an adequate number of spaces, no real options or choices are available to individuals. It is suggested that people are not moving within the continuum, and/or to employment. Individuals appear to be having a great deal of difficulty in making the transition from school to work. The existing adult delivery system for individuals who have handicaps does not appear to be working for many individuals. Based on this sample of individuals accessing services, the continuum

is not appropriate, nor does it appear to be appropriate for most of the individuals who are currently in the service delivery system. Given this information, there is little reason to believe that the service delivery system will become more appropriate for individuals entering the system in the future. The projections currently being made are for individuals who are more handicapped and have fewer skills. This will necessitate an even more individualized approach to supporting people in work sites. Although enough information is available which allows us to recommend a more individualized approach to training, the initiative to develop alternative models which would give people more choices and more options has not yet been taken by those involved in policy development directing the development of program services.

Perception of quality of services

The quality of both currently acccessed and previously accessed services was reported to be good by the majority of the participants. It is critical to note that none of the individuals interviewed had outcomes leading to employment as a result of being involved in the training service. The perception of the participant and/or parent/guardian was subjective in nature in that no criteria was used to determine the adequacy of the service. It was commonly reported that the real concern was that there was 'someplace' for the individual who had the handicap. Issues surrounding employment and low wages were not raised which might indicate an artificial satisfaction with services or a lack of clearly

defined expectations for the individual.

The reported satisfaction with services may alternately indicate that the individual respondents are content with the quality of service received. Major developments in the provision of services to individuals who have a mental handicap have occurred in the last twenty years and the reported satisfaction may indicate that the time is not right for any major or significant changes to the service delivery system.

Perception of employability

A number of individuals perceived their training site as employment which they had acquired, even though low wages were noted. For those individuals who did move into an employment position, it is interesting to note that wages were very low, positions were entry level, and with little chance of advancement.

Characteristics of service perceived as important

Individuals reported that the majority of characteristics identified were important. If those characteristics are, in fact, valued and appropriate, then the service delivery system should, at least, be in a position to ensure that those characteristics are present in all services. In fact, the majority of the services which are funded in Alberta lack those same characteristics which were reported as being necessary. As noted previously, most of the training centres, in fact, have characteristics which are anti-habilitative and overly restrictive (Falvey, 1985).

There appears to be a discrepancy in perception. If the above-noted characteristics are important to participants and yet lacking in the majority of funded services, it is difficult to understand how the quality of such services can be perceived as good by the majority of participants. Most parents and guardians noted that they were looking for security for their adult sons and daughters. Wages, access to community sites, access to non-handicapped peers were not viewed as important. It is interesting that the characteristics noted above became less important as individuals participating in funded services became more dependent.

Information availability

It is obvious that there is no systematic presentation of information regarding available options. In addition, information is not available from any one source; people are relying on family, friends and schoolteachers to provide them with information which is necessary for making choices regarding available vocational training options.

One of the considerations which may be appropriate would be to systematically present the available information on the range of resources available to individuals who have a mental handicap. The availability of that information may dramatically influence the choices individuals are making.

Independent Living Skills Checklist

Although there are some inherent problems with the checklist, the information resulting from the checklist was not surprising. In fact, the assessed competence of skills

in each of the sub-areas was as expected; those individuals accessing Advanced Education and Manpower-funded services were viewed by key workers as independent. Those individuals accessing ASSCH funded vocational rehabilitation spaces were assessed as independent or semi-independent, those in ASSCH funded vocational training spaces were viewed as semi-independent, and those in ASSCH funded work activity spaces were identified as pre-independent. The results of the assessment indicate that as individuals move into more independent settings, they are viewed as more independent.

Limitations of Study

Three major difficulties arose as a result of the case study design chosen for purposes of this research project. Each individual participant and/or the parent/guardian was interviewed. Although each interview was recorded and the tapes subsequently destroyed difficulty was encountered in the information that was provided by the individual participant and/or parent/guardian. It was possible to confirm certain information such as the length of time an individual spent in a program, as dates of attendance from the agency from which the individual received the service were available. The remainder of the information which was requested was available only from the individual participant and/or parent/guardian. As such, the interviewer's only choice was to rely on the ability of the interviewee to accurately recall what had transpired. Information such as who provided information regarding available options, what information was given, and how it was given is subject to

question; it is not possible to verify the responses with available file information. A portion of the interview was an individual's perception of the quality of the service provided as well as what characteristics are important in vocational services. This perception was the interpretation of the interviewee, and as such, was subjective in nature.

The second difficulty is a direct result of the small number of participants in the study. The transitional experiences may be representative of the majority of individuals accessing the services system or they may be unique to the individual. Conclusions which can be drawn from the research are very limited because of the sample size.

A third difficulty arose because of the use of the Independent Living Skills checklist (ASSCH, 1984). In 1975, the then Services for the Handicapped Branch of ASSCH developed a level of handicap scale to assist in the placement of individuals in community residential and vocational settings. The scale identified four levels of handicap, Level 1 - 4, with an accompanying description of characteristics and skill levels. The scale is provided in Table 7, and is further defined in Appendix 3.

INSERT TABLE 7 ABOUT HERE

Individuals participating in the standardization procedure for the ILS checklist were classified into levels of handicap from 1 to 4. Level 1 was identified as the most

TABLE 7.

LEVELS OF HANDICAP

(Primary Mental Retardation)

The following definitions refer to 5 general levels of handicap in categories of:Supervision and Care, Motor Control, Socialization/Comunication, Developmental Skills, Behavior. Assign to level (0 to 4) in each of the above catagories which best describe the individual - "0" represents the normal child/adult. All descriptions will not apply, but choose the level which is the best overall description of the individual, e.g. an adult in a wheelchair with spina bifida and ileostomy problems might receive a rating of: 3-2-1-2-1, whereas a child in a special unit because of severe retardation might receive a rating of 1-1-3-3-2. Both of these ratings present very specific program information which allows program planning related to the Service Delivery Grid.

	LEVEL 4	LEVEL 3	LEVEL 2	LEVEL 1
SUPERVISION AND CARE	Extensive medical/physical care Supervision & total care required because of multiple physical difficulties, eg. a) body rigidity & fragility requiring positioning for congestion/bed sores	Regular medical nursing provision required because of multiple physical disabilities, eg. a) supervision of staff in transferring patients, b) ileostomy/colostomy supervision c) protection against self injury, d) brittle epileptic,	Some degree of nursing and medical backup required, eg. a) supervision of drugs, b) protection against common danger, c) controlled epileptic, d) regular skin care	Minor medical treatments carried out mainly by individual, eg. regular meds., skin care
	NURSING AFDII--15 + OVER	NURSING AFDII - 10-15	NURSING AFDII - 5-10	NURSING AFDII -LESS THAN 5
MOTOR CONTROL/ MOBILITY	Motor control severly affected due to spasm or limpness a) few spontaneous movements b) could be in wheelchair but must be propped and pushed	Some mobility a) in wheelchair with functional movement (lower/ upper limbs or head), needs transfer b) crawls or walks with assistance c) walks but sensory deficit makes unescorted travel difficult	Generally mobile a) walks alone but awkward or with cane/walker b) in wheelchair - self propelled & self transfer c) blind but can travel in familiar terrain d) gross or fine motor coordination difficulties, eg. c.p.	General motor control. May have hand/eye coordination difficulties or some balance problems
	MOTOR CONTROL AFDII--UP TO 20			
SOCIAL-IZATION/ COMMUN-CATION	Very difficult or impossible to understand. a) few spontaneous vocalizations apart from fear, hunger, pain b) some awareness of environment apart from response to cuddling & sharp environmental changes c) focuses on moving objects d) becomes excited before regular events	Can with assitance make needs known. a) uses some clear words gestures or signals b) understands some basic concepts, color, size c) understands simple directions & responds to praise & censure d) aware of surroundings but communication restricted e) relates to other in structured setting.	Relates well to others in a familiar structural setting. a) communicates in short sentences (tends to be rote language b) adapts to new situations with assistance c) understands most directions with practice d) reads social sight words, can write name	Good concret language but with conceptual/abstract difficulties. Varied, spontaneous language. Good conversational skills. Can read & write simple English & do simple arithmetic
	AWARENESS AFDII--UP TO 20			
DEVELOP-MENTAL SKILLS	Minimal skills in terms of eating, toileting, or dressing could help with feeding, dressing, etc.	Feeds, dresses & toilets self with assistance or close supervision Could be in structured recreational or occupational day program.	Self care with some supervision or special architectural assists. Basic homemaking & vocational skills with practice	Self care generally sufficient Community residential & vocational skills with practice but needs time assistance with budgeting & time management.
	SELF CARE AFDII --UP TO 15			
BEHAVIOUR	Dangerous toward self, others or property & as a result cannot be handled in any existing program	Unacceptable or disruptive behaviour or complete lack of motivation	Undesirable behaviour, poor motivation	No specific behavioural problem although some inappropriate behaviour is evident

independent, usually individuals who were identified as mildly mentally handicapped. Level 2 were individuals who were identified as less independent; usually those individuals classified as moderately mentally handicapped. Level 3 were individuals who were even less independent, usually individuals who were severely mentally handicapped. Level 4 were individuals who were considered to be dependent, usually classified as profoundly mentally handicapped. The I.L.S. checklist was standardized on only Level 1 and Level 2 individuals.

In the procedure that was used to standardize the I.L.S. checklist, persons who were assessed as pre-independent were individuals selected from approved homes and group homes. Those individuals identified as semi-independent were individuals participating in apartment training programs and those individuals who were assessed as being independent were, in fact, living independently with, perhaps, the support of an I.L.S. program worker.

The I.L.S. checklist has an overall reliability of .77. Although some variation in reliability is seen in the checklist areas assessing subskills, the major discrepancy is in the social maturity area which tends to ask questions which are subjective in nature. Reliability of the subscale assessing social maturity is .46. It is also noted in the standardization manual that, particularly in the social maturity areas, it is best that a direct program worker staff assess the skills, because direct staff should be more familiar with the individual being assessed.

Construct validity is based on practical knowledge of the field. Practitioners working in the field identified skills in each of the six areas. The skills identified were viewed as critical to independent functioning.

The I.L.S. checklist has been identified as useful in developing individualized training programs, in determining appropriate placements and/or graduation from certain programs. It is important to be suspect of an assessment tool which has as its purpose to establish skills which are a prerequisite to moving into a less restrictive environment. Assessments were not intended to keep people out of certain types of situations, but rather to assist people in moving into less restrictive environments.

Recommendations

In analyzing the model of vocational service delivery in Alberta and those models available in the U.S.. it is critical to question the viability of supporting individuals who are mentally handicapped in worksites even though they are not independent. More progressive models will be required if individuals are to have access to less restrictive environments. It appears that more work placements are provided for individuals with more independent skills rather than making those options equally accessible to all individuals in that each person, regardless of the degree of handicap, has equally opportunity to participate in more integrated work sites and community activities. This will give each individual the opportunity to be involved with peers who are non-handicapped both in work and non-work

situations. In fact, it may be more important to provide integrated work opportunities for individuals who are viewed as less competent. It is also interesting to note that the continuum of services was developed on that principle (DuRand and Neufeldt, 1975). That principle has not translated into practice in Alberta. A number of recommendations can be made based on the literature review and the case studies that were conducted as part of this research project.

The first issue which becomes clear is that the way in which services to individuals are provided is value-based. The less restrictive alternatives and options are available to the more independent participants. The sooner that it is recognized that more is provided for individuals that are more able and less for individuals who are less able, the more quickly a move will be made into the development of a model which will provide supports to individuals in the community regardless of the degree of handicap.

Secondly, there must be some support and/or direction to eliminate differential training based on 'level of functioning'. Every individual should have access to and the opportunity to participate in integrated training and work sites. At the very minimum, there must be some assurance that the anti-habilitative and restrictive characteristics that are present in the majority of large homogeneously grouped training centres are recognized and to the extent possible, minimized.

Thirdly, information should be readily available to

assist individuals and/or their parents or guardians in the decision-making process. As previously noted, transitions from school to work are ones which require a great deal of support to the individual and the family members. The technology is available to provide that information in a systematic way. Access to that information will enhance self-advocacy and/or advocacy by the parent/guardian for the best possible service.

Individuals must be supported in working environments. A more ecological approach to assessment and training has been found to be more useful, particularly in working with individuals who have more severe handicaps.

Entrance criteria, wherever possible, must be eliminated, particularly entrance criteria which keep people out of appropriate training options. Equally important is exit criteria which keeps people in training settings, and out of the work place. Prerequisite skills which prohibit individuals from moving into integrated community employment sites must be eliminated.

The approach to adult vocational training must become more outcome oriented. The goal of any vocational training should be meaningful work, every individual who goes through a training program should be supported in a meaningful work environment. That work environment may include things such as competitive employment, competitive employment with support, volunteering and volunteering with support.

One of the ways in which adult vocational training services may be assisted into the 1980s is to look at

support for research and development projects. A number of models of adult vocational services have had success in North America and in certain European countries. The objective should be to have the kind of services in place which will assist individuals who have handicaps in becoming independent. The key should be to assist those individuals, not to inhibit or prohibit movement into, and participation in, the community. The current thrust of the provincial government is to depopulate large institutional settings. If that objective is to be achieved, and if people are to live meaningful lives which have quality, it will be critical to develop the kind of services which will help all individuals who have handicaps to move into appropriate, meaningful alternative in the community and to ensure that those options are available to each individuals transitioning to adulthood and the work place.

Conclusions

Although the continuum of services model of service delivery seriously limits the availability of community based training opportunities for individuals who have a mental handicap, a feeling of optimism was evident during this research project. An array of options are being proposed to support people in integrated training sites. Although it remains to be seen whether any of these proposals will be developed as a real option for individuals who have a mental handicap, the mere fact that organizations are moving to less traditional alternatives is encouraging. The discussions which are occurring are centering around the

types of supports which are necessary to allow access to meaningful integrated work sites for each individual regardless of the degree of the person's handicap.

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APPENDIX 1. INTERVIEW QUESTIONS

1. What services are you currently involved with -

	Type of Service	Entry Date	Quality
___	a. vocational/job	_____	Good Fair Poor
___	b. residential/home	_____	Good Fair Poor
___	c. social/interpersonal	_____	Good Fair Poor

2. What services have you used in the past?

	Type of Service	Dates of Attendance	Quality
___	a. vocational/job	_____	Good Fair Poor
___	b. residential/home	_____	Good Fair Poor
___	c. social/interpersonal	_____	Good Fair Poor

3. Who did you receive information from regarding the options/alternatives available to you?

_____

Information was: ___requested ___offered ___verbal ___written

Options discussed:

___vocational school
___job search/job-seeking skills
___work experience
___career awareness
___living alternatives

4. How long did you have to wait for service?

	Type of Service	Length of Wait
a.	vocational/job	_____
b.	residential/home	_____
c.	social/interpersonal	_____

5. What characteristics of vocational services are important to you?

Chacteristics	Definition of Characteristics
___Amount of Job Training	The amount of time students receive training on different jobs
___Security	The length of time the student will have access to vocational or day placement
___Type of work	The type of job or activity the student does at the vocational or day placement
___Work hours	The amount of time spent in the program each day
___Contact with nonhandicapped peers	The number of opportunities to work, eat, or take breaks with nonhandicapped people
___Level of on-site supervision	The amount of time the student is directly supervised rather than working independently
___Wages	The amount of money the student earns each week

___Access to community sites	The number of opportunities the student has to go to restaurants, cafes, or stores during lunches or breaks
___Amount of nonpaid work	The amount of noncontract or volunteer work the student does for which wages are not received

7. What suggestions could you make to improve the services you are receiving?
Vocational/job:_____
_____
_____
_____
_____
Residential/Home:_____
_____
_____
_____
_____
_____
Social/Interpersonal:_____
_____
_____
_____
_____
_____

8. Are you working: ___Now? ___In forseeable future?
If "Yes", what job?_____
For how long?_____
Wages:_____
Do you like your job?_____
9. How often do you use community services?_____
_____
10. How often do you use recreational facilities/resources?
_____
_____

APPENDIX 2. ILS CHECKLIST

A. SELF HELP SKILLS

1. Dressing and Appearance
   a) dresses in clean clothing
   b) dresses self neatly (shirt tucked in, buttons and zippers fastened, laces tied, proper fit)
   c) wears clothes that go together. Patterns, colours and/or accessories don't clash
   d) wears clothing to suit the weather
   e) wears clothing to suit the occasion
   f) practices good posture
2. Personal Hygiene
   a) keeps hands and face reasonably clean
   b) avoids body odor (bathes or showers regularly, uses deodorant)
   c) uses soap or skin cleaners in washing and bathing
   d) looks after hair - combs, washes, trims and styles regularly
   e) cleans teeth/dentures regularly
3. Eating and Table Manners
   a) uses appropriate table manners - chews with mouth closed, swallows before speaking, sits properly
   b) eats as part of a group - converses with others, passes things
   c) in restaurant, can order and pay for meal
4. Health
   a) knows when he/she is ill and describes symptoms
   b) cares for self during onset of minor ailments (colds, flu)
   c) describes own medical problems and needed precautions
   d) handles own prescription medication
   e) has prescriptions refilled when necessary
   f) recognizes need for medical/dental attention
   g) uses medical/dental resources as needed
   h) describes purpose of non-prescription products bought at a drug store (vitamins, laxatives, aspirins)
   i) eats a balanced diet, i.e. follows Canada Food Guide
   j) aware of dangers and problems of alcohol and/or other potentially harmful substances
5. First Aid and Safety
   a) describes what to do in case of a fire
   b) describes fire safety precautions needed around the home
   c) knows how to extinquish small fires
   d) stores dangerous items in a safe place (corrosives, poisons, sharp objects)
   e) handles dangerous items with caution
   f) knows the emergency number (911) and

what purpose it serves
g) recognizes harmful substances even if not labelled poison, i.e. household cleaners
h) knows how to deal with simple injuries (cuts burns, scrapes, nose bleeds)
i) know what simple remedies should be on hand (bandages, disinfectants)

C. COMMUNITY AWARENESS

1. General Community Awareness

Knows purpose of the following:
a) convenience store
b) shopping centres
c) medical services
d) banking services
e) postal offices
f) religious services
g) police services
h) recreational services
i) educational services
j) beauty salons, barber shops
k) uses newspapers to obtain information

2. Transportation

For clients in urban areas:
a) observes pedestrian signs and traffic rules
b) obtains bus ticket and exact fare or uses bus pass
c) uses public transport for short journeys, can take bus and return by themselves to daily activities
d) uses public transport for journeys requiring at least one change of transport (transfer bus lines)
e) behaves appropriately when riding transport-asks for directions politely, pays money, finds seat quickly
f) can explain use of modes of transport -bus train, taxi, Greyhound, Handibus
g) gets to place not previously visited by using public transport, phones bus depot for routes to new place, uses route map
h) capable of finding out details of intended journey re: departure and arrival schedules and fares

For clients in rural areas:
a) can walk or bicycled to and from activities
b) can call a taxi and give appropriate direction
c) know fare and can pay fare
d) behaves appropriately in taxi/car pools, i.e. sits in back of taxi, thanks driver
e) know driver of car pool and can call and relay necessary information, i.e. cancelling ride, inviting a friend
f) knows what to do if ride or taxi does not show up

g) can use Greyhound or plane for trips outside of town
h) can make own travel arrangements

3. Social Shopping
a) gets assistance from store personnel when necessary
b) keeps receipts of major purchases
c) returns unacceptable merchandise when necessary
d) buys own clothes
e) understands labels with size, price, laundry information
f) takes appliances for repairs
g) can handle check-out lines (can join and stay in line and has money ready when rung up)

4. Use of Leisure Time
a) initiates own leisure activities (hobbies, recreation, reading)
b) uses community resources for leisure time (zoo, movies, bingo)
c) plans ahead when inviting guests
d) plans ahead for holidays

5. Accommodation
When selecting own accommodation client is aware of the following:
a) cost (utilites and damage deposit, within means
b) access to and from place of employment
c) access to and from community services
d) date the accommodation is available for moving into
e) conditions of rental - conditions of the lease
f) furnishings available in the accommodation
g) furnishings which will be needed

D. EMPLOYMENT

1. Pre-occupational
a) has realistic concept of occupational skills interests, abilities
b) has resume and/or can fill out a basic job application
c) uses community services such as classified ads and employment offices (manpower) when needed
d) acquires the necessary information about a job
e) follows through on a job lead
f) handles a job interview

2. Occupational
Demonstrated the following occupational skills
a) listening and understanding
b) remembering instructions
c) following instructions
d) accepting criticism
e) working alone

f) working with others
g) self-initiative
i) seeking assistance or explanation when necessary
j) punctuality
k) responding to supervisor
l) understanding concept of time-off, holidays coffee break, lunch break, overtime

3. Related Occupational Skills
a) describes rate of pay
b) knows how often they get paid

Knows what the following mean:
c) gross pay
d) net pay
e) Unemployment Insurance contributions
f) Canada Pension Plan
g) Income Tax
h) Union dues
i) other deductions
j) familiar with the purpose of Workers Compensation
k) knows how to qualify for Workers Compensation Unemployment Insurance, Social Assistance

Describes the concepts of
l) full-time
m) part-time
n) seasonal help
o) shift work
p) laid off
r) knows how these relate to their particular job
s) ensures that income tax statements are prepared and submitted yearly

E. HOME LIVING SKILLS

1. Food Preparation
a) prepares simple foods requiring no mixing or cooking (sandwiches, cereal)
b) prepares simple meals requiring mixing or cooking (frozen foods, packaged foods, canned foods)
c) able to describe basic food groups and their importance
d) able to describe at least three methods of cooking food (bake, fry, boil, broil)
e) knows and is able to use kitchen appliances and utensils
f) stores food in appropriate places
g) organizes and prepares a meal for two or more people
h) able to clean up after a meal
i) able to make use of leftovers

2. Apartment Management
a) able to make and change bed
b) able to keep drawers, closets and cupboards clean and tidy (can find items)

c) keeps home relatively clean and tidy including:
   i) kitchen
   ii) living room
   iii) bathroom
   iv) bedroom
   v) other rooms
d) does major cleaning regularly and well (floors, walls, fixtures, window, appliances)
e) adjusts thermostats
f) knows hot to use and store cleaning supplies (poisons, mix with water)
g) able to do minor repairs or notifies landlord
h) takes an interest in how house looks (finds posters, plants, arranges furniture)
i) able to care for keys and keep doors locked

3. Care of Clothing
a) able to locate laundry facilities and dry cleaners
b) washes clothes as needed
c) separates clean from dirty clothes
d) sorts clothes (colour, care symbol, direction, temperature)
e) uses techniques of pre-soaking and stain removal
f) uses recommended amount of detergent when washing clothes
g) operates washing maching correctly -settings cycles
temperature
h) operates clothes dryer correctly - time
i) follows apartment laundry schedule when one exists
j) able to iron clothes when necessary
k) makes minor repairs to clothes (buttons, seams)

F. SOCIAL MATURITY

1. Consideration
a) is polite, uses please, thank you, pardon me, I'm sorry, knocks on doors
b) is quiet when someone is sleeping or busy
c) listens when someone is talking to them, doesn't interrupt
d) looks at people when talking to them
e) can take hint (cue) when someone wants them to leave or wants to leave
f) doesn't bully others
g) kind to people, doesn't make fun of them
h) returns things to proper place or owner after the agreed loan time
i) lets those they live with know when they are going and when guests are coming

2. Getting Friends
a) smiles and greets people they recognize
b) calls people they know by name

c) has one or more close friends
d) waits for or meets someone for coffee/meals
f) carries on short conversation about things that are of interest to others (TV, sports, weather)
g) properly introduces self to someone (finds way to introduce self to someone they want to know)
h) offers help when someone is sick, upset or having trouble
i) aware of differences between friends, close friends, acquaintances and strangers

3. Keeping Friends
a) does things for themselves, doesn't expect others to wait on them
b) if they have offended someone, apologizes and tries not to do it again
c) remembers special days or interests of a friend
d) shows affection without embarrassing others
e) keeps in touch with friends - drops by, phones, writes
f) doesn't expect more of friends than they can give - constant companionship, marriage
g) if necessary, breaks friendship
h) shows interest in affairs of others
i) keeps confidences - does not gossip

4. Communication
a) uses basic social conversation (or alternatives): e.g. good morning, that's fine.
b) speaks in whole sentences and carries on short conversation
c) initiates conversation without assistance
d) gives directions to others when requested
e) can deliver a simple message without error
f) knows when to end a conversation
g) does not talk too close to other's face
h) follows directions involving one activity
i) follows directions involving a set of activities
j) does not deliberately lie
k) accounts are truthful and reliable as to the best of their ability
l) able to use pay telephones
m) able to use directory assistance for local and long distance calls when necessary
n) able to locate phone numbers and addresses using a telephone book

5. Social Skills
a) has information about others (family, friends) e.g. jobs, addresses, relation to self
b) does not disrupt others' activities
c) makes prior arrangements for a social visit
d) respects others' property (no damage)

e) can make inquiries in unfamiliar places from strangers
f) is willing to try new experiences
g) is not too familiar with strangers
h) is not afraid of strangers
i) has limits as to what they will do to make friends
j) does not hold hands with everyone or touch others inappropriately
k) does not get angry if doesn't get own way
l) sets limits and share or lends their possessions
m) understands own sexuality - differences men/women, pubic hair, masturbation, menstruation, how babies are conceived and born
n) works cooperatively in a group
o) does not use threats or violence to control others
p) does not take things too seriously or over-react
q) is not easily misled or exploited by others
r) stands up for themselves when there is a need
s) tries hard to do well and to finish tasks started

APPENDIX 3. DEFINITION OF LEVELS

For Community Services:

Level 0/Borderline

This level encompasses those individuals who fall within the top mildly retarded and borderline range of development. Individuals at this level function very independently in the areas of self-help, communication, and occupational areas. However, they may experience difficulties in some aspects of emotional development and socialization. Individuals at this level may often experience problems in coping with adult society and therefore require specialized counselling along with support in the area of emotional development and appropriate social interaction.

Level 1/Mild

A. Dependence

Highly independent with training and short term follow-up, can live independently in community.

B. Supervision

Individual does not need direct 24-hour supervision.

C. Self-Help Skills

i) feeding
totally independent

ii) dressing and hygiene
totally independent

iii) elimination
totally independent

D. Communication

Good, can communicate all needs and respond to verbal directions, has good reading and writing skills

E. Socialization

Socialization skills, and competency in dealing with the community environment can reach a high level with appropriate counselling. However, some higher orders of conceptual though are not developed.

F. Mobility

Complete mobility, no assistance required

Level II/Mild - Moderate

A. Dependence

Independent in most areas, has considerable potential for greater independence.

B. Supervision

May require 24-hour supervision, but not always in a direct manner.

C. Self - Skills

i) feeding
Independent

ii) dressing and hygiene
Independent, may need some verbal prompting as a reminder

iii) elimination
Independent

D. Communication

Can communicate thoughts, feelings and needs quite well, however, with additional training, communication skills can be improved, has fairly good reading and writing skills.

E. Socialization

Are able to relate to others appropriately, mainly within a structured setting, however, with appropriate counselling and training, socialization skills become more appropriate to public settings.

F. Mobility

Complete mobility, no assistance required

Level III/Moderate

1. S.H.D.---Level III/Ambulatory

A. Dependence

Semi-dependent

B. Supervision

Individual needs supervision on a 24 hour basis

C. Self - Skills

i) feeding

complete self-feeding skills

ii) dressing and hygiene

washes and dresses self completely (may need verbal prompting to initiate tasks)

iii) elimination

completes all toileting activities without assistance (needs no prompting)

D. Communication

can communicate all basic needs, responds to verbal request and prompts, has limited reading and writing skills.

E. Socialization

Socialization may be poor, i.e., inappropriate skills in interacting with others, hoever, has ability to acquire appropriate skills

F. Mobility

Self-ambulatory

2. P.A.---Level III/Non-Ambulatory

A. Dependence

semi-dependent

B. Supervision

requires 24-hour supervision

C. Self - Skills

i) feeding

may be completely self-feeding, or may need some assistance in some areas due to physical/sensory disability

ii) dressing and hygiene

needs some assistance in washing and dressing due to physical/sensory disability

iii) elimination

needs some assistance in toileting due to physical/sensory disability

D. Communication

may be limited due to physical/sensory disability, but individual has ability to learn communication skills through

use of aids or sign language

E. Socialization

socialization may be limited due to physical/sensory disability. However skill level is such that appropriate skills can be acquired.

F. Mobility

needs assistance to varying degrees due to physical/sensory disability

Level IV/Profound

1. B.S.D.---Level IV/Ambulatory

A. Dependence

dependent

B. Supervision

requires 24-hour supervision

C. Self - Skills

i) feeding

may have self feeding skills, or may need some staff assistance

ii) dressing and hygiene

requires some staff assistance (prompting, etc.) or may need to be done totally by staff

iii) elimination

requires some staff assistance (prompting etc.), or may need to be aided totally by staff

D. Communication

very limited, to non-verbal, no reading or writing skills

E. Socialization

very limited interaction with others, to almost no awareness of surroundings

F. Mobility

self-ambulatory

2. I.S.C. ---Level IV/Non-Ambulatory

A. Dependence

totally dependent

B. Supervision

requires 24 hour supervision, and may required medical support on a periodic basis (not more than twice/month) due to the level of functioning and the physical disability

C. Self - Skills

i) feeding

requires staff assistance in most areas, to being totally fed by staff

ii) dressing and hygiene

requires staff assistance in most areas, to being totally dressed, washed, etc. by staff

iii) elimination

requires staff assistance in most areas, to being totally toileted by staff, i.e., this may involve use of diapers etc.

D. Communication

in most cases, non-verbal

E. Socialization

very minimal, to non-existent

F. Mobility
totally dependent on staff

VITA

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